# Florida Statewide Quality Assurance Program

## FY 2024

## July 2023 – June 2024

**Submitted to:**
**Agency for Health Care Administration and**
**Agency for Persons with Disabilities**

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**Prepared by**

Qlarant

# Table of Contents

List of Acronyms ..... 4
Executive Summary ..... 5
Introduction ..... 6
Tool and Process Revisions ..... 9
Data Availability ..... 9
Internal Annual Training/Conference ..... 9
Report Sections ..... 10
Section I: Significant Contract Activity in FY 2024 ..... 10
Quality Assurance Activities ..... 10
Status Meetings ..... 10
Reliability ..... 10
File Reliability ..... 10
Field Reliability ..... 11
Regional Quarterly Meetings ..... 11
Quality Council (QC) Meeting ..... 11
Provider Feedback Surveys ..... 11
Summary of Customer Service Calls ..... 13
Staff Updates ..... 13
Section II: Data from Discovery Review Activities: FY 2024 (July 2023 – June 2024) ..... 13
Summary of Discovery Review Findings ..... 13
Person Centered Reviews ..... 13
Qualified Organization Discovery Reviews ..... 14
Service Provider Discovery Reviews ..... 15
Person Centered Reviews ..... 16
Individual Demographics ..... 17
PCR My Life Interview (MLI) ..... 18
PCR MLI: Outcomes and Supports ..... 18
Outcomes and Supports by Life Area ..... 20
PCR MLI: Satisfaction ..... 26
PCR MLI: Stability ..... 27

PCR Health Summary....28
Preventive Health Care....29
PCR Record Reviews....30
Provider Discovery Reviews....39
CDC+ Representative Discovery Reviews....39
CDC+ Representative Record Reviews....39
CDC+ Representative Alerts....41
General Administrative Review....43
Staff Qualifications and Training....44
QO Alerts....47
QO Scores....47
Service Provider Discovery Reviews....48
General Administrative Review....49
Staff Qualifications and Training (Q&T)....52
Observations....58
PDR My Life Interview (MLI)....60
Service Specific Record Review Results (SSRR)....61
Service Provider Alerts....65
Service Provider Scores....67
Section III: Discussion and Recommendations....68
Choice and Rights....68
Safety....69
Community Participation....69
Support Coordination Turnover....70
Understanding Medications....70
Infectious Disease Training....71
Annual In-Service Training....71
Supported Living Coaching....71
Conclusion....72

**Attachment 1: Customer Service Activity: July 2023 - June 2024** ..... 73

## List of Acronyms

ABC – Allocation, Budget, and Contract Control System
ADT – Adult Day Training
AHCA – Agency for Health Care Administration
ANE – Abuse, Neglect and Exploitation
APD – Agency for Persons with Disabilities
BGS – Background Screenings
CDC+ – Consumer Directed Care Plus
CDC+ C – CDC+ Consultant
CDC+ R – CDC+ Representative
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
FY – Fiscal Year (July – June)
GAR – General Administrative Review
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
iBudget Waiver – Individual Budgeting Waiver
IPS – In Person Survey (NCI)
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
IT – Information Technology
LRH – Licensed Residential Home
LSD 1 - Life Skills Development 1 (Companion)
LSD 2 - Life Skills Development 2 (Supported Employment)
LSD 3 - Life Skills Development 3 (Adult Day Training)
LSD 4 – Life Skills Development 4 (Prevocational)
MWEW – Medicaid Waiver Eligibility Worksheet
MPR – Medical Peer Review
NCI – National Core Indicators
OBS – Observations
OTC – Over-the-counter
PBD – Potential Billing Discrepancy

PCR – Person Centered Review
PCR MLI – Person Centered Review My Life Interview
PDR – Provider Discovery Review
PDR MLI – Provider Discovery Review My Life Interview
Q – Quarter
Q&T – Qualifications and Training
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
QO – Qualified Organization
RM – Regional Manager
RTDR – Real Time Data Report
SEC – Supported Employment Coaching
SSRR – Service Specific Record Review
WSC – Waiver Support Coordinator

## Executive Summary

In July 2023, the Agency for Health Care Administration (AHCA) entered into the first year of the current contract with Qlarant, the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review (PCR) activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems. Information gathered through the PCR and PDR processes are utilized in a multitude of ways - some of which include, identifying areas where service providers or Qualified Organizations (QOs) may require additional training, guiding Quality Council initiatives, calculating and reporting Quality Performance Measures to the Center for Medicaid and Medicare Services (CMS), assisting AHCA and the Agency for Peoples with Disabilities (APD) in developing Plans of Remediation (POR), and alerting APD regions when individuals receiving services may be at risk.

In addition to conducting PCRs and PDRs, Qlarant Regional Managers conduct quarterly meetings with each APD region to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant also facilitates three Quality Council meetings each Fiscal Year (FY). All three meetings have been held this FY – one on July 20, 2023, in Tampa, one on October 19, 2023, in Orlando, and one on April 4, 2024, in Tallahassee.

## Introduction

In July 2023, the Agency for Health Care Administration (AHCA) entered into the first year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) program. Through this Florida Statewide Quality Assurance Program (FSQAP), Qlarant, AHCA, and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

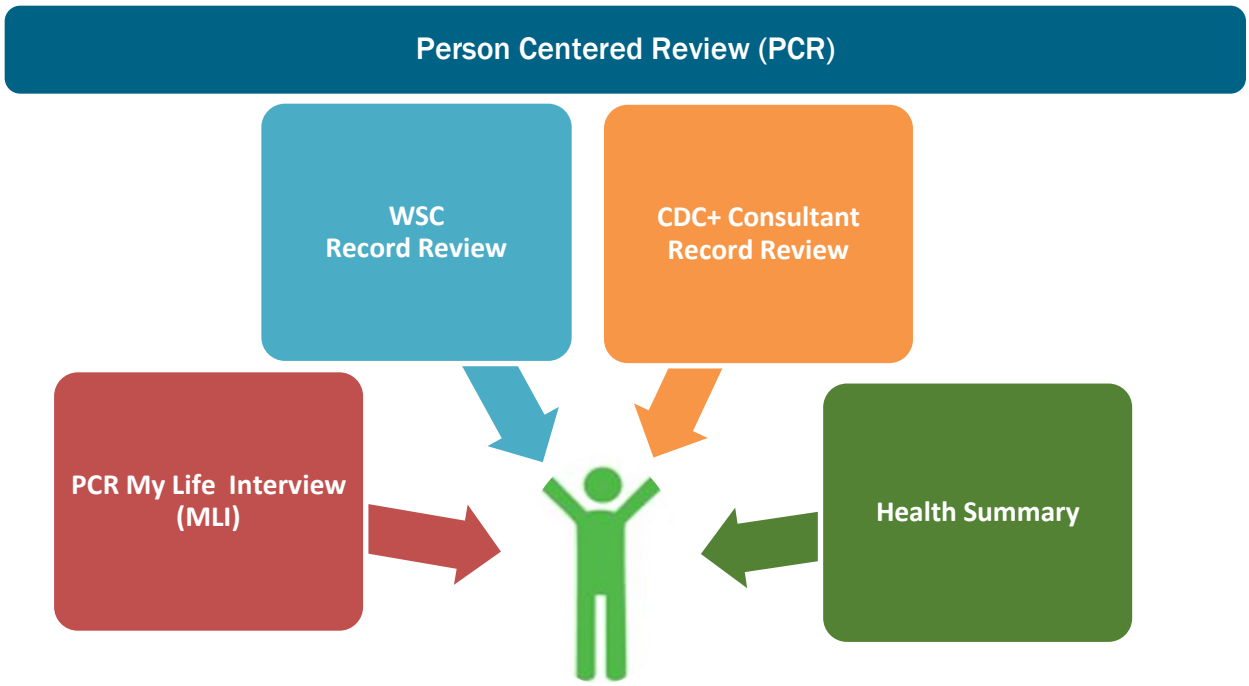
Qlarant's role is to conduct the discovery portion of the quality management strategy. AHCA and APD utilize the resulting reports to help guide policy and programmatic changes, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data collected for each region through the PDR, including average scores for each of the administrative tools (General Administrative Review and Staff Qualifications and Training), as well as record review scores by service are examined during the Regional Quarterly Meetings to help target local remediation activity. Further, state and regional-level results from the PCR and PDR processes are presented to the Quality Council three times per year to help guide discussion and develop workgroup initiatives to improve the service delivery system and quality of life for people receiving waiver services in the state.

Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR) - both ensure the person receiving services has a voice in evaluating performance and outcomes and both utilize comprehensive methods to evaluate the quality of the services received. The primary purpose of the PCR is to determine the quality of the person's life, and the quality of the person's service delivery system from the perspective of the person receiving services. The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook (iBudget Handbook), and to determine how well services are supporting individuals served.

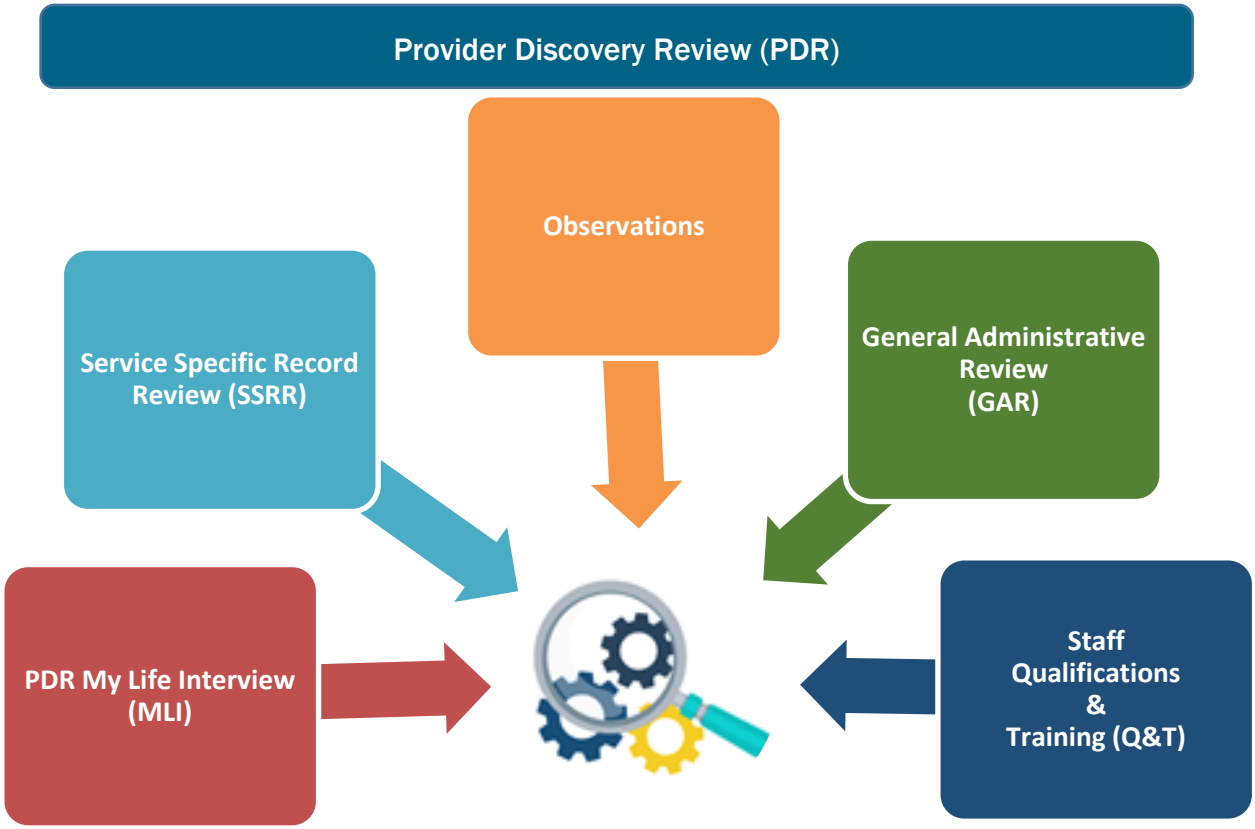
| | |
|---|---|
| **Person Centered Review (PCR)** | • Evaluate support delivery systems and quality of life from the perspective of the person receiving services. |
| **Provider Discovery Review (PDR)** | • Evaluate the extent to which service providers and QOs use person centered planning and practices and provide services to promote opportunities for individuals receiving services.<br>• Ensure service providers and QOs are in compliance with the iBudget Waiver Handbook, Florida Administrative Code and Florida Statute. |

The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, a review of the Support Coordinator's or CDC+ Consultant record for the person. In previous years, the PCR included a review of the person's CDC+ Representative record as well. As of this year, the CDC+ Rep is no longer reviewed under the PCR process; instead, they are reviewed in the same was as other provider types by a PDR.

For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget Waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. When data for these two groups are presented in the report, references are made to Waiver and CDC+ to make the distinction between the two groups.



PDRs are completed for Service Providers, QOs, and CDC+ Representatives. The Service Provider and QO PDRs are comprised of an Administrative Review – including the General Administrative Review (GAR) and Staff Qualifications and Training (Q&T) – and Service Specific Record Reviews (SSRRs).[1] Service Providers may also receive Observations and interviews with individuals receiving services.[2] Individuals interviewed with the PDR My Life Interview (MLI) tool are only asked questions that apply to services they are receiving from the service provider being reviewed and are asked to answer according to their experiences with the provider being reviewed. PDRs completed for CDC+ Representatives only includes the SSRR.




[1] While records reviews are included in QO's PDR scores, the WSC and CDC+ Consultant record reviews are discussed in the PCR section since they are also part of the PCR process.
[2] Observations are only conducted at Licensed Residential Homes (LRH) and Adult Day Training Programs.

## Tool and Process Revisions

Some changes were made to the GAR which became effective on Dec 1, 2023 – most significantly under standard #1. All tools can be found on Qlarant's FSQAP website: Qlarant Provider Review Tools

## Data Availability

- Several reports are available at any time for approved APD and AHCA staff to view: Current Schedule Report, Results by Service and Standard, and Review Activity Report. These are accessed through the private section (required member login) of the FSQAP website.
- Beginning in July 2023, Qlarant submits a monthly report to AHCA which includes the following:
    - Number of completed PCRs and PDRs, by APD region
    - Summary of the operability of our web-based resource and reporting center including, web traffic numbers, changes or updates to the web content, system availability and number of users, including their agency affiliation approved for use of the reporting center
    - System downtime report
    - Summary of Quality Council coordination activities
    - Summary of provider training and education activities
    - Customer service call data
    - Cycle-time report showing completion dates and notification dates for PCRs and PDRs
    - Number of alerts by APD region, PDR types, and by alert type
    - Billing discrepancy report(s) listing all providers with identified potential billing discrepancies, and service specific billing discrepancy reports as requested by the Agency
    - Summary of technical problems requiring Agency assistance and how they were resolved

## Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities. In August 2023, Qlarant held a conference to prepare for the upcoming FY. Staff from AHCA and APD attended in person or virtually throughout the week. A review of various processes and ongoing training were conducted.

## Report Sections

This report is divided into three sections:

- Section I: Significant contract activity during FY24.
- Section II: Data from review activities completed in FY24, including comparative analysis as possible.[3]
- Section III: Discussion and recommendations.

# Section I: Significant Contract Activity in FY 2024

## Quality Assurance Activities

### Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may affect the FSQAP. In FY24 status meetings were held on August 24th, September 28th, November 16th, December 14th (in person at APD), January 18th, February 15th, March 21st (in person at APD), April 18th, May 16th, and June 20th.

### Reliability

Qlarant Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review process.

**File Reliability** sessions are administered quarterly. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. The QA Manager utilizes file documents submitted as part of a desk review or from iConnect, to identify standards to be tested and a corresponding scoring key. The test is completed by each QAR in Qlarant's online learning management system and scored automatically. In FY24, one PDR Administrative Reliability and four file reliability sessions were completed with 24 QARs on the topics of Choice, Physical and Behavioral Health, Operations Manual and Contract Changes, Supported Living Services in iConnect, and Alerts and Reporting. All QARs passed all reliability sessions. File reliability results are reported to AHCA after the fourth quarter is complete.

[3] Comparisons to data prior to FY19 are not possible or appropriate due to changes in tools and indicators/standards. Similarly, comparisons to WSC and CDC+ record reviews prior to FY22 should be made with caution due to changes in the tools, as well as the statewide transition to QOs.

**Field Reliability** has always been conducted onsite with QARs and used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the field reliability. The manager silently observes while the QAR conducts the review and compares answers on all standards at the conclusion of the review. In FY24, field reliability was completed with 23 QARs, who all passed.

## Regional Quarterly Meetings

The Qlarant Regional Managers facilitate meetings in each APD Region with available Qlarant QARs in the region, and APD Regional personnel, including the Regional Operations Manager (ROM), if possible. The purpose of these meetings is to discuss and interpret data from the Qlarant reviews to help guide APD toward appropriate remediation activities and to update all entities on current activities in the region. Representatives from AHCA and APD State offices may attend the meetings via Zoom in each region. Quarterly meetings were held in all the regions during FY24 either face-face or remotely using a webinar format.

## Quality Council (QC) Meeting[4]

In FY24, three QC meetings were held on the following dates:

- July 20, 2023, in Tampa
- October 19, 2023, in Orlando
- April 4, 2024, in Tallahassee

Agenda items for each meeting typically include updates from APD and AHCA, a data presentation and update from Qlarant, as well as a number of special topics relevant at the time of the meeting.

## Provider Feedback Surveys

After each PDR, providers are offered an opportunity to provide feedback on the review process and professionalism of the QARs. Surveys are completed online on the FSQAP website or downloaded and mailed or faxed to the Qlarant office. Table 1 presents feedback findings for surveys submitted between July 2023 and June 2024. A total of 440 providers completed the survey. On average 91.8 percent of responses were positive (5,680/6,186). Surveys that included a request for a manager's call back were also recorded in the Customer Service Call Log.

[4] See the Qlarant website for complete QC details, minutes, and agendas: Qlarant Quality Council Meeting Materials

| Table 1. Results from Provider Feedback Surveys<br>Surveys Received Between July 2023 - June 2024 (N = 440) | | | |
|---|---|---|---|
| **Question** | **# Yes** | **# No** | **NA/ Blank** |
| Did the Quality Assurance Reviewer explain the review process? | 412 | 2 | 3 |
| Did the Quality Assurance Reviewer explain how to use Secure Share (encrypted email)? | 397 | 9 | 11 |
| Did you receive an email confirming information discussed for the review? | 409 | 2 | 5 |
| Did the Quality Assurance Reviewer refer you to the tools and procedures on Qlarant's website? | 383 | 15 | 17 |
| Did the Quality Assurance Reviewer answer your questions in preparation for the review? | 401 | 5 | 11 |
| Did you receive a checklist(s) indicating the documents required for submission? | 400 | 3 | 8 |
| Did you have a clear understanding of what documents to send? | 388 | 11 | 12 |
| Were you able to send documents through secured email? | 365 | 10 | 35 |
| After review of initial submission, were you offered 5 hours to submit additional documents? | 295 | 20 | 96 |
| Did the Quality Assurance Reviewer arrive on time? | 321 | 9 | 77 |
| If not, were you notified the Quality Assurance Reviewer would be late? (Select N/A if the reviewer arrived on time) | 33 | 7 | 353 |
| Did the Quality Assurance Reviewer give you enough time to find the information requested? | 366 | 11 | 30 |
| Did the Quality Assurance Reviewer answer the question(s) you had during the review? | 384 | 5 | 19 |
| Did the Quality Assurance Reviewer explain why a standard(s) was Not Met? (Select N/A if no standards were scored Not Met) | 263 | 4 | 136 |
| If an Alert was identified, did the Quality Assurance Reviewer inform you of the follow-up process? (Select N/A if no alerts were identified) | 103 | 8 | 287 |
| Did the Quality Assurance Reviewer provide you with the Preliminary Findings of your review? | 375 | 6 | 20 |
| Did the Quality Assurance Reviewer explain the Preliminary Findings of your review? | 361 | 12 | 26 |
| Would you like a Qlarant manager to contact you? | 24 | 367 | 0 |
| **Total Responses** | **5,680** | **506** | **1,146** |

## Summary of Customer Service Calls

During FY24, 725 calls were recorded in the Customer Service Log, with an average response time of one business day for each call.[5]

## Staff Updates

In FY24, the following changes were made to Qlarant's staff:

- Southern:
  - In February 2024, Mario Arreaga returned to work part time as a QAR.
  - In March 2024, Madeleine Sinclair was hired as a QAR.
  - QAR, Ivonne Gonzalez, left Qlarant in April 2024.
- Suncoast:
  - Jan Valle retired as a QAR in June 2023 and returned as an administrative assistant in July 2023.
  - QAR, Michelle Lubinski, left Qlarant in August 2023.
  - Alicia Tyner was hired as a QAR in November 2023 and left Qlarant in April 2024.

# Section II: Data from Discovery Review Activities: FY 2024 (July 2023 – June 2024)

Findings presented in this report are based on reviews conducted and approved in FY24 including 1,659 Person Centered Reviews (PCRs), 211 CDC+ Representative (CDC+ R) reviews, 184 Qualified Organization PDRs (QO PDR), and 1,368 Service Provider PDRs. Notable findings are outlined below for Person Centered and Provider Discovery Reviews.

## Summary of Discovery Review Findings

## Person Centered Reviews

**Health and Safety**

- People receiving services through the Waiver and CDC+ were least likely to meet Outcomes within the 'My Safety' Life Area. On average, Supports for 'My Safety' were 31 points higher than Outcomes for Waiver participants and nearly 36 points higher for those on CDC+.
- The lowest scoring Outcome for Waiver participants was related to understanding medications. This Outcomes has declined by nearly 12 percentage points since FY21 from 59 to 42.6 percent. Over 80 percent of people who did not meet this standard did not know the potential side effects of their medications.

[5] The list of topics and number of calls per topic are presented in Attachment 1.

- Data collected through the Health Summary suggests nearly all Waiver (97.8%) and CDC+ (97.4%) participants had a physical exam within the past year.
- The proportion of individuals who reported having had a dental exam within the past year has increased steadily since FY22 for Waiver (FY22: 69.8%; FY24: 74.8%) and CDC+ (FY22: 68.4%; FY24: 80.1%) participants.

**Social Life**

- MLI Outcomes related to individuals' social lives have increased since FY23 for CDC+ participants from 89.2 to 91.2 percent; however, they have declined slightly for Waiver participants.
- Among Waiver participants, three out of four Outcomes within the 'My Social Life' area were below 85 percent met in FY24. Outcomes related to being active and contributing members of their communities was especially low at 73.4 percent.
- Individuals' levels of satisfaction with the amount of community involvement they have was lower than other areas of their lives such as their services, WSC, and day activities.

**Support Coordination**

- Since FY23, the proportion of people reporting a change in their treating WSC has increased for Waiver and CDC+ participants suggesting that while people may be staying with their QOs, they continue to experience instability regarding their treating support coordinator.
- Since FY23, the average record review scores for WSCs and CDC+ Consultants have increased by about two percentage points and the number of standards scoring below 85 percent, on average, has declined.

## Qualified Organization Discovery Reviews

- On average, QOs reviewed in FY24 met 96 percent of standards scored within the administrative components of the review and nearly 93 percent of standards scored within the record review component.
- Since FY23, average PDR scores for QOs increased from 90.2 percent to 93.2 percent with QOs performing better across all components of their review, including administrative reviews (96.2% vs. 95.8%), record reviews (95.8% vs. 88.4%), and total number of alerts (7 vs. 17).
- All standards scored on the General Administrative Review (GAR) tool were over 95 percent met.
- All but four standards captured in the Staff Qualifications and Training (Q&T) tool showed a compliance rate above 85 percent in FY24. These standards had to do with QOs meeting training requirements for HIPAA, Infection Control, First Aid, and annual in-service training.
- A total of seven alerts were cited for QOs reviewed in FY24 and they were all for Background Screenings.

## Service Provider Discovery Reviews

- In FY24, average scores for Service Providers were relatively high across all components of the PDR with scores ranging from a high of 99 percent for observations at Licensed Residential Homes (LRD) to a low of 91.5 percent on record reviews.
- The lowest scoring standard on the General Administrative Review (GAR) in FY24 had to do with agency providers identifying and addressing concerns related to abuse, neglect, and exploitation. (92.3%; n = 65).
- Among Service Providers reviewed in FY24, 11 out of 44 standards (scored for 30 or more providers) showed compliance rates below 85 percent:
- About 17 percent of providers did not meet all aspects required for Level II Background Screenings.
- Between 20 and 25 percent of providers of LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, and Residential Habilitation (Standard) did not meet compliance requirements for completing required hours of annual in-service training.
- More than 20 percent of providers did not meet compliance requirements for training in HIPAA or for completing/maintaining training in HIV/AIDS/Infection Control.
- More than 15 percent of providers did not meet compliance requirements for First Aid training.
- More than 15 percent of providers did not meet compliance requirements for training in Requirements for all Waiver Providers.
- In FY24, Supported Living Coaching was the only service to meet fewer than 90 percent met of record review standards. Further, the average record review score for Supported Living Coaching has declined from 91.3 percent in FY22 to 79.4 percent in FY24.
- The percent of providers with one or more Background Screening alerts increased from 11 percent in FY23 to 13.7 percent in FY24. Among providers with a BGS alert, 89 percent did not present a current Law/Criminal Record Checks at the time of the review.

[Remainder of page intentionally left blank]

## Person Centered Reviews

The PCR includes an interview with the person and a review of the person's record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). In FY24, 1,659 PCRs were completed and approved – 1,463 for individuals on the iBudget Waiver and 196 for individuals using CDC+. Analyses may be limited for CDC+ due to the low number of CDC+ PCRs completed by various subgroups (e.g., region, age, etc.).

**Table 2. Person Centered Review Activity FY 2024**

| Region | Waiver | | CDC+ | |
|---|---|---|---|---|
| | n | % | n | % |
| Northwest | 101 | 7% | 12 | 6% |
| Northeast | 197 | 13% | 48 | 24% |
| Central | 267 | 18% | 29 | 15% |
| Suncoast | 332 | 23% | 34 | 17% |
| Southeast | 339 | 23% | 49 | 25% |
| Southern | 227 | 16% | 24 | 12% |
| **Total** | **1,463** | **100%** | **196** | **100%** |

The CDC+ program provides additional flexibility and opportunities not offered to people on the iBudget Waiver, such as the ability to directly hire and fire providers, use of non-waiver providers who are often family members, and the ability to negotiate provider rates. A non-paid representative helps with the financial and business aspects of the program and a CDC+ C acts as a service coordinator. CDC+ Cs must also be certified as a WSC. Due to these differences, results for CDC+ are analyzed separately.

Individuals are not required to participate in the PCR interview and are able to leave the process at any time. A person who chooses not to participate, or may be otherwise unable to participate, is replaced by another person from the oversample to ensure an adequate and representative sample is used for analysis. In FY24, 53 people originally sampled for a PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is unable to participate, the QAR may call the person from the sample to verify their decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person's potential role in it. This also gives individuals an opportunity to learn more about the process and potentially change their minds about participating.

**Table 3. Person Centered Review: FY 2024 Non-Participation Reasons**

| Decline Reason | Waiver | CDC+ | Total |
|---|---|---|---|
| Deceased | 0 | 0 | 0 |
| Person Declined | 51 | 1 | 52 |
| Moved Out of State | 1 | 0 | 1 |
| No Longer Receiving Services | 0 | 0 | 0 |
| **Total** | **52** | **1** | **53** |

## Individual Demographics

The following series of figures show the distribution of the PCR sample across residential setting, age-group, and primary disability.[6] People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most (95%) of people interviewed lived in a family home compared to 46.5 percent of people using the Waiver. People on CDC+ also tend to be younger - with nearly 90 percent of participants being 44 years of age or younger.

Figure 1a. Residential Settings: Waiver FY 2024 (N = 1,463)

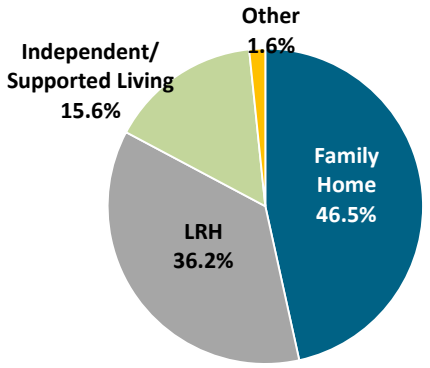



Figure 1b. Residential Settings: CDC+ FY 2024 (N = 196)

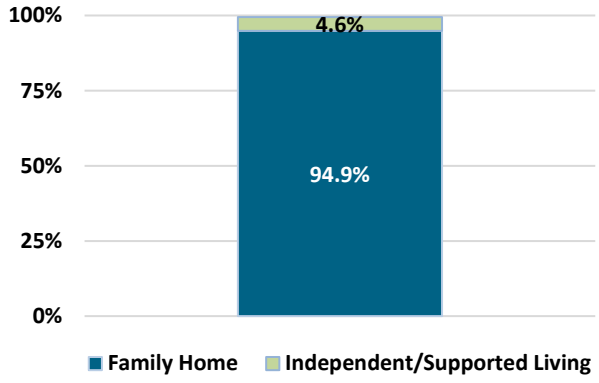



Figure 2. Age Distribution: Wavier and CDC+ FY 2024

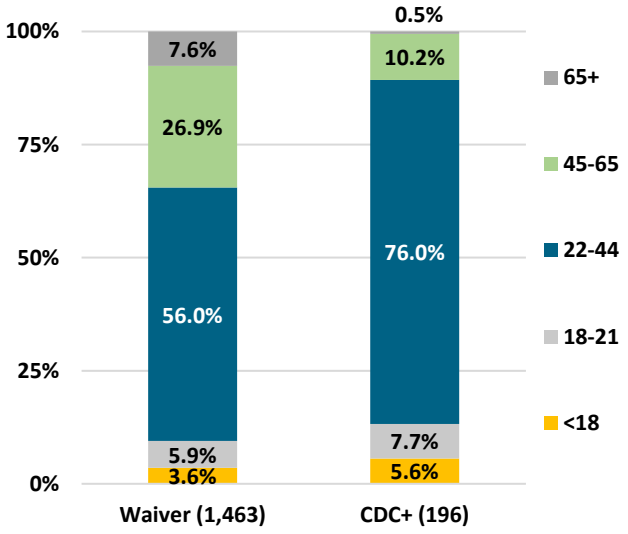
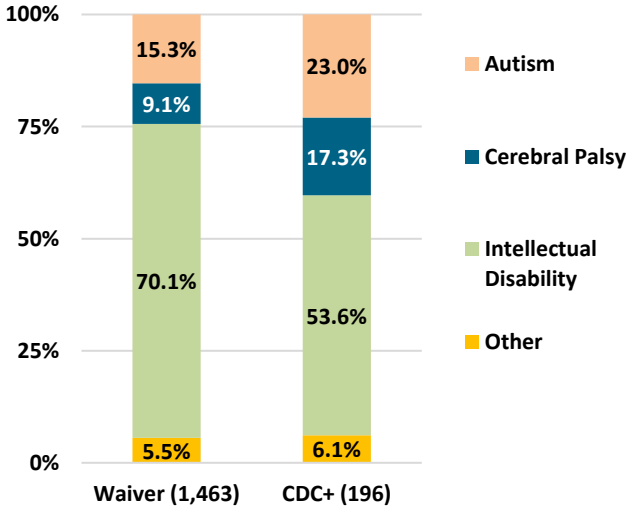



Figure 3. Primary Disability: Wavier and CDC+ FY 2024




[6] The Other category for Residential Settings for the Waiver included 15 people living in Assisted Living Facilities, 8 people APD Foster Home (1-3) and 1 person in an AHCA Assisted Living Facility. The Other category for Primary Disability included people with Down syndrome (56), Spina Bifida (26), Prader Willi syndrome (8), Phelan-McDermid Syndrome (2) and Epilepsy (1).

## PCR My Life Interview (MLI)

### PCR MLI: Outcomes and Supports

Everyone participating in a PCR is interviewed through the PCR MLI tool. The PCR MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights, and community integration:

1. My Service Life – expectations for all of the services a person is receiving from providers and the involvement of the person in development and design of the service delivery system.
2. My Home Life – expectations for services a person is receiving in the home.
3. My Work and Daily Life – expectations for the person pertaining to work and day activities.
4. My Social Life – expectations for the person regarding interaction with and integration in the community.
5. My Health – includes measures of supports related to health access, satisfaction, and education.
6. My Safety – includes measures of safety in various settings, including education and knowledge about abuse, neglect, and exploitation.

Each MLI question is assessed twice: once to indicate if the outcome is present in the person's life and once if the person is supported to meet the outcome. When a question is marked 'Not Present' as either an outcome or a support, one or more reasons are selected to explain why. The MLI also includes a series of questions regarding the level of satisfaction people have with various aspects of their lives including services, day activities, residence, health, and involvement in the community. Finally, the MLI is used to assess stability; i.e., how many times over the previous 12 months the person experienced a change in services, service providers, support coordinators, jobs, or place of residence.

When responding to questions in the PCR MLI, interviewees are asked to think about their lives as a whole and the role their WSC or CDC+ C plays in coordinating their entire service delivery system. This differs from the PDR MLI (discussed below) which individuals, when responding to questions, are asked to refer only to their experiences with the provider being reviewed.

#### Data Limitations

Results in some categories, particularly for CDC+, are based on relatively small numbers. When n-sizes are small, comparisons across categories or between Waiver and CDC+ should be made with caution. Further, comparisons made between interview results from FYs should be made with caution as all interviews conducted in FY24 were conducted in-person, while interviews in FY22 and FY23 include a combination of remote and in-person interviews.

### Outcomes and Supports by Region

Average scores for Outcomes and Supports in FY24 are presented by region in Table 4. On average, Waiver participants met about 85 percent of Outcomes and 97 percent of Supports while CDC+ participants met 88 percent of Outcomes and 99 percent of Supports. On average, Outcomes were lowest in the Central region for Waiver (78.1%) and CDC+ participants (80.2%) and highest in the Northeast region (Waiver: 91.5%; CDC: 95.8%).

Outcomes were higher than Supports across all regions for Waiver and CDC+ participants. Among Waiver participants, Outcomes were between six and 15.4 points lower than Supports by region with the greatest disparities being in the Central and Southeast region. Among CDC+ participants, Outcomes were between four and 18 points lower than Supports by region with the greatest disparities also being in the Central and Southeast region.

**Table 4. PCR Individual Interview Results by Region: FY 2024**

| Region | Waiver | | | CDC+ | | |
|---|---|---|---|---|---|---|
| | # of PCRs | Outcomes | Supports | # of PCRs | Outcomes | Supports |
| Northwest | 101 | 86.6% | 94.4% | 12 | 91.2% | 97.0% |
| Northeast | 197 | 91.5% | 97.4% | 48 | 95.8% | 99.3% |
| Central | 267 | 78.1% | 94.1% | 29 | 80.2% | 98.2% |
| Suncoast | 332 | 85.8% | 97.8% | 34 | 90.5% | 99.5% |
| Southeast | 339 | 83.6% | 99.0% | 49 | 82.4% | 99.1% |
| Southern | 227 | 85.2% | 98.4% | 24 | 90.3% | 99.8% |
| **State** | **1,463** | **84.6%** | **97.2%** | **196** | **88.2%** | **99.1%** |

### Distribution of Scores

Figures 4a and 4b illustrate the distribution of individual's Outcomes and Supports scores for Waiver and CDC+ participants. In FY24, CDC+ participants were more likely than Waiver participants to meet 100 percent of Outcomes (18.4% vs. 30.1%) and Supports (78.1% vs. 88.8%). Further, Waiver participants were more likely than CDC+ participants to score below 80 percent on Outcomes (28.8% vs. 19.9%) or below 90 percent on Supports (21.9% vs. 11.3%).

Figure 4a. FY24 Distribution of MLI Outcome Scores: Waiver vs CDC+

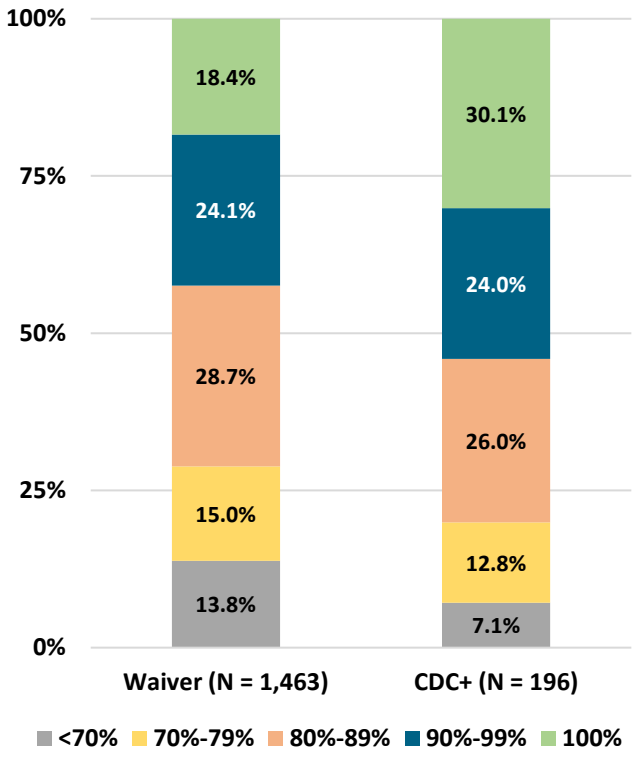
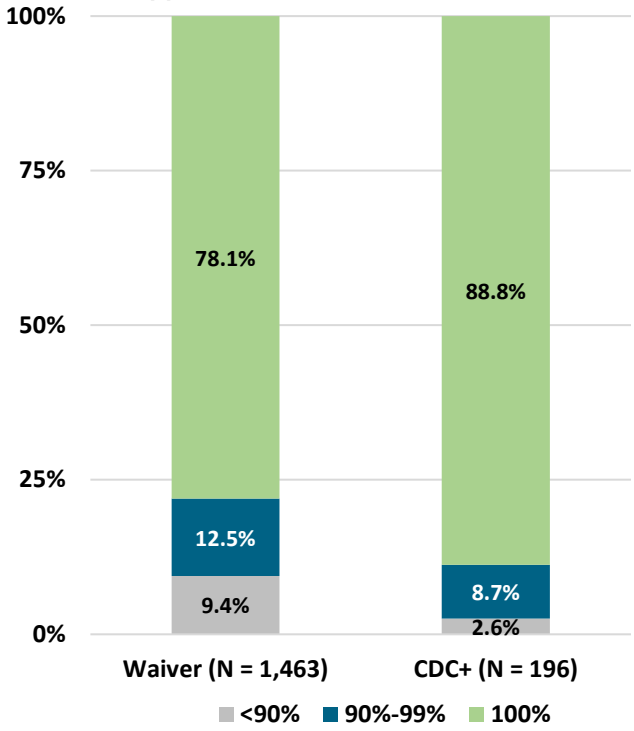



Figure 4b. FY24 Distribution of MLI Supports Scores: Waiver vs CDC+




**Outcomes and Supports by Life Area**

The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+, by Outcomes and Supports. Findings from FY24 indicate individuals receiving services were supported across all Life Areas (each above 96%). Outcomes were least likely to be met within 'My Safety' for both the Waiver and CDC+, 66.6 and 63.4 percent present, respectively. Outcomes were highest within the "My Work Life" area for Waiver participants (94.3%) and "My Home Life" for CDC+ participants (98.5%).

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Figure 5a. My Life Interview by Life Areas
Waiver: FY 2024 (N = 1,463)

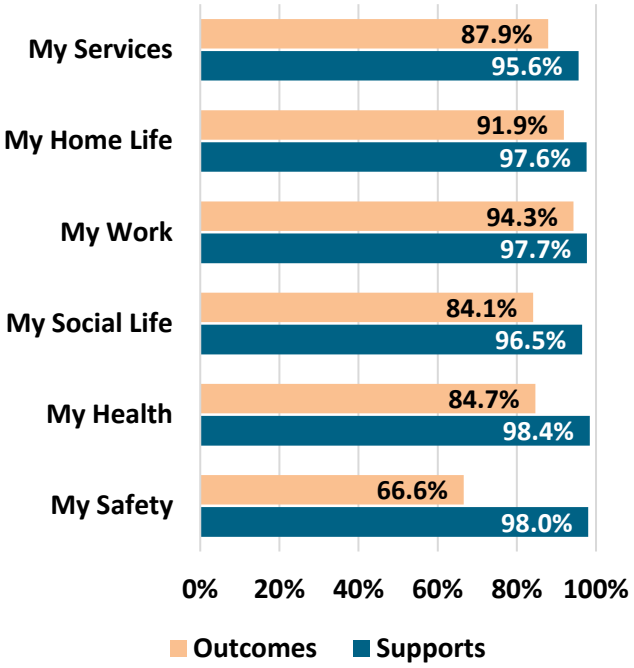
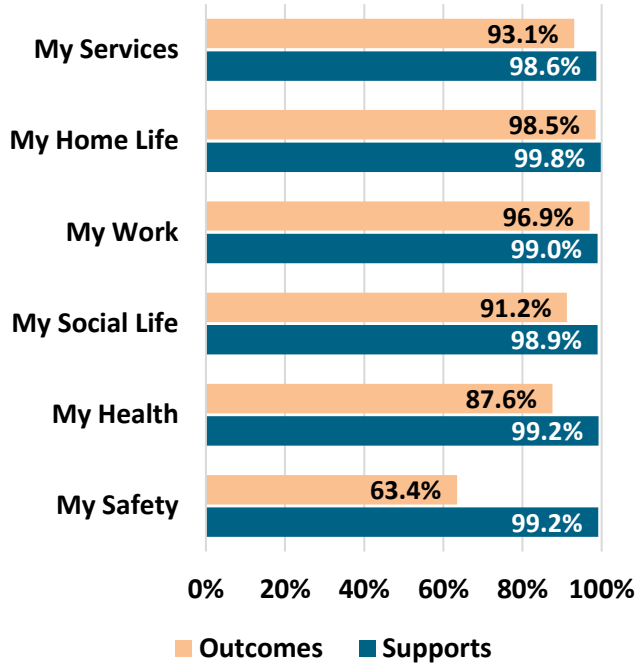



Figure 5b. My Life Interview by Life Areas
CDC+: FY 2024 (N = 196)

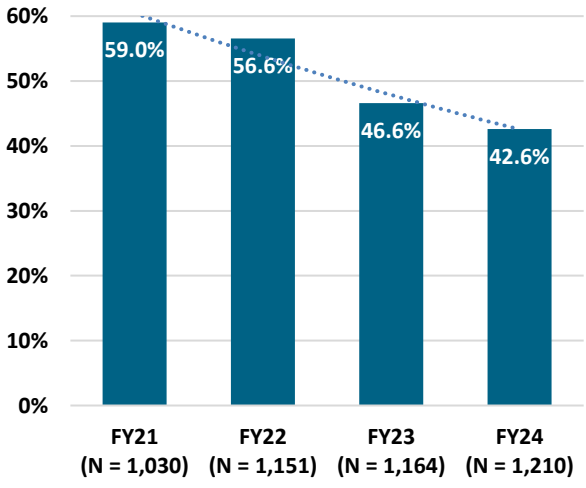



**Outcomes and Support Scores by Standard**

Scores for each of the 26 standards measured in the MLI are presented in Table 5. Scores are shown for Outcomes and Supports, separately Waiver and CDC+ participants. When looking at Supports, all indicators were over 90 percent met for Waiver participants and people on CDC. The lowest scoring Supports standard was 92.7 percent met for individuals on the Waiver and had to do with people receiving the Supports needed to be active and contributing members of their communities.

In FY24, 58 (n = 15) and 65 (n = 17) percent of the 26 Outcomes were 90 percent met or higher, on average, for Waiver and CDC+ participants, respectively. The lowest scoring Outcome for Waiver participants had to do with people understanding their medications (42.6%; n = 1,210). As shown in Figure 6, this Outcome has declined for Waiver participants by nearly 12 percentage points since FY21. The lowest scoring Outcome for people on CDC+ had to do with understanding what abuse, neglect, and exploitation (ANE) mean (50.0%; n = 160).

Figure 6. Waiver Participant Outcome by FY: "I understand my Medications"



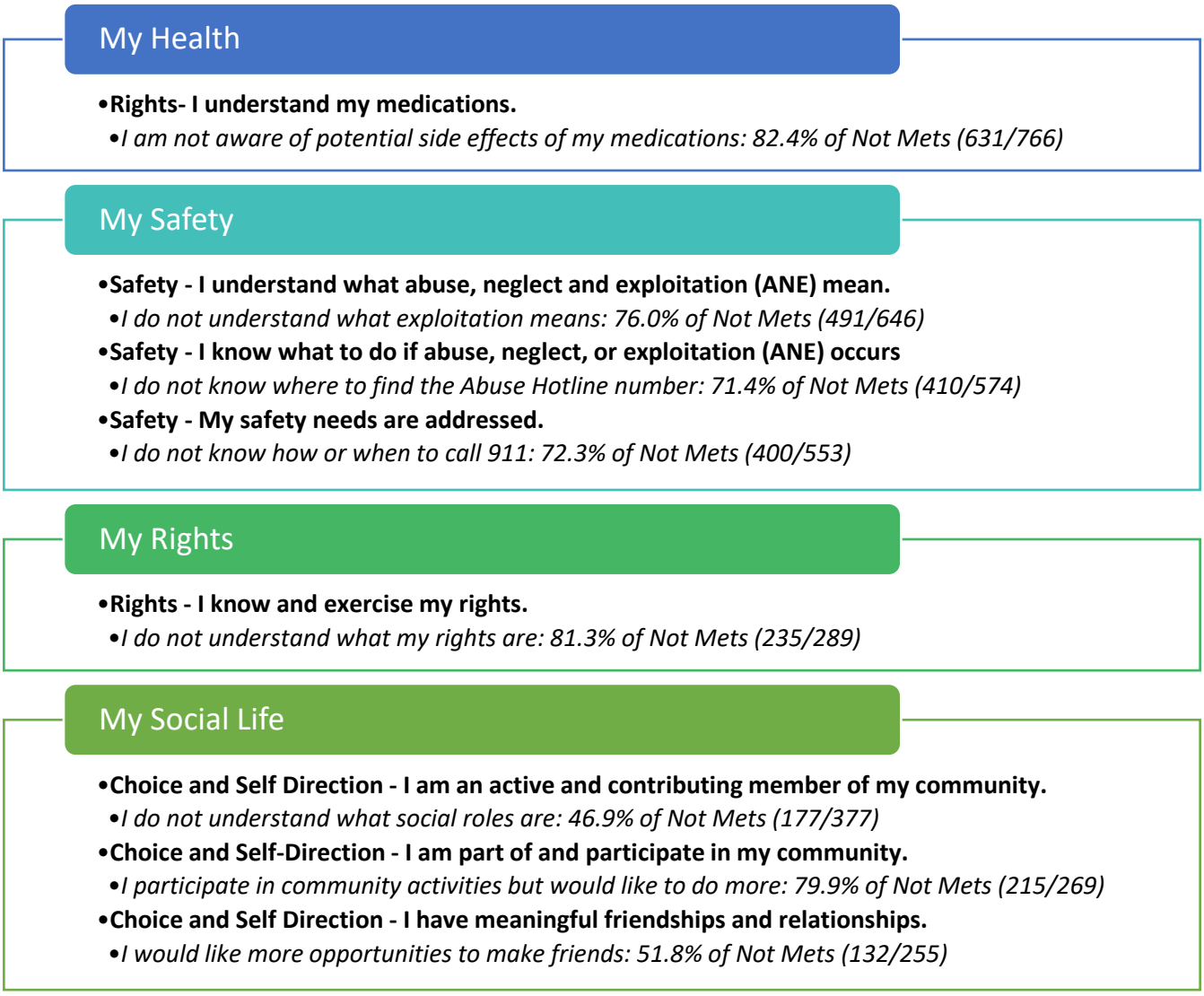
In FY24, eight Outcomes were below 85 percent met, on average, for Waiver participants and five for CDC+ participants. These standards are highlighted in Table 5 and their most common Not Met Reason(s) are listed in Figure 7. Among Waiver participants, three out of four Outcomes related to 'My Social Life' were below 85 percent met, on average. Similarly, for Waiver and CDC+ participants, three out of four Outcomes related to 'My Safety' were below 85 percent met.

**Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2024**

| Question | Waiver (N = 1,463) | | | | CDC+ (N = 196) | | | |
|---|---|---|---|---|---|---|---|---|
| | Outcome | | Supports | | Outcome | | Supports | |
| | Total Scored | % Met | Total Scored | % Met | Total Scored | % Met | Total Scored | % Met |
| **My Service Life** | | | | | | | | |
| Choice and Self Direction - I am an active participant in Support Planning. | 1,410 | 91.3% | 1,445 | 94.0% | 191 | 95.3% | 196 | 98.0% |
| Choice and Self Direction - I am an active participant in development of service documentation. | 1,187 | 89.2% | 1,230 | 92.8% | 125 | 98.4% | 133 | 97.7% |
| Choice and Self Direction - I am working toward goals/outcomes important me. | 1,409 | 89.5% | 1,451 | 95.4% | 195 | 94.9% | 196 | 98.5% |
| Choice and Self Direction - I choose and manage my services. | 1,386 | 89.8% | 1,423 | 97.0% | 195 | 96.4% | 195 | 98.5% |
| Choice and Self Direction - I choose and manage my service providers. | 1,409 | 86.4% | 1,444 | 96.7% | 194 | 94.8% | 194 | 99.0% |
| Rights - I know and exercise my rights. | 1,333 | 81.1% | 1,445 | 97.3% | 185 | 80.0% | 196 | 100.0% |
| **My Home Life** | | | | | | | | |
| Choice and Self Determination - I chose where I live. | 1,347 | 91.7% | 1,362 | 97.9% | 182 | 98.9% | 180 | 100.0% |
| Rights - My preferences for living arrangements are respected and valued where I live. | 1,310 | 88.3% | 1,330 | 97.7% | 154 | 98.1% | 157 | 100.0% |
| Future - I am able to explore other places to live. | 1,033 | 96.6% | 1,085 | 97.1% | 131 | 98.5% | 132 | 99.2% |
| **My Work/Daily Life** | | | | | | | | |
| Choice and Self Direction - I chose where I work/day activity. | 1,312 | 89.6% | 1331 | 96.9% | 173 | 93.1% | 173 | 98.3% |
| Rights - My preferences are respected and valued at my work/day activity. | 1,272 | 97.9% | 1289 | 98.8% | 168 | 99.4% | 171 | 100.0% |

| Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2024 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Question | Waiver (N = 1,463) | | | | | CDC+ (N = 196) | | | |
| | Outcome | | Supports | | | Outcome | | Supports | |
| | Total Scored | % Met | Total Scored | % Met | | Total Scored | % Met | Total Scored | % Met |
| Future - I am able to explore other arrangements for work/day activity. | 1,135 | 95.8% | 1185 | 97.6% | | 150 | 98.7% | 151 | 98.7% |
| **My Social Life** | | | | | | | | | |
| Choice and Self-Direction - I am part of and participate in my community. | 1,400 | 82.2% | 1429 | 97.3% | | 191 | 89.5% | 193 | 99.5% |
| Choice and Self Direction - I am an active and contributing member of my community. | 1,330 | 73.4% | 1404 | 92.7% | | 175 | 86.9% | 184 | 97.3% |
| Choice and Self Direction - I have meaningful friendships and relationships. | 1,388 | 83.1% | 1435 | 97.4% | | 184 | 89.1% | 193 | 99.5% |
| Rights - My preferred communication method/styles are known and respected. | 1,340 | 97.8% | 1364 | 98.6% | | 191 | 99.0% | 191 | 99.5% |
| **My Health** | | | | | | | | | |
| Satisfaction - I am satisfied with physician/dentist. | 1,439 | 87.4% | 1,440 | 98.5% | | 196 | 89.3% | 196 | 98.5% |
| Satisfaction - I am satisfied with other health care providers/specialists. | 1,317 | 98.9% | 1,322 | 99.5% | | 178 | 98.9% | 177 | 100.0% |
| Rights - My health needs are being addressed. | 1,447 | 88.1% | 1,457 | 98.1% | | 195 | 89.2% | 195 | 99.0% |
| Choice and Self Direction - I am an active participant in all aspects of healthcare choices. | 1,400 | 89.0% | 1,432 | 98.7% | | 193 | 90.7% | 195 | 99.5% |
| Rights- I understand my medications. | 1,210 | 42.6% | 1,277 | 95.9% | | 148 | 52.0% | 165 | 98.2% |
| Future - I am able to make changes to my healthcare. | 1,216 | 98.9% | 1,260 | 99.7% | | 171 | 99.4% | 173 | 100.0% |
| **My Safety** | | | | | | | | | |
| Safety - My safety needs are addressed. | 1,418 | 65.6% | 1,456 | 98.7% | | 188 | 65.4% | 196 | 99.5% |
| Safety - I have the adaptive equipment I need. | 823 | 90.9% | 825 | 98.1% | | 124 | 89.5% | 124 | 98.4% |
| Safety - I understand what abuse, neglect and exploitation (ANE) mean. | 1,310 | 56.8% | 1,427 | 96.9% | | 160 | 50.0% | 193 | 99.5% |
| Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 1,316 | 62.2% | 1,428 | 98.5% | | 168 | 54.8% | 194 | 99.0% |

**Figure 7. Most Common Not Met Reason for Outcomes below 85% Met: Waiver and CDC+ Combined**




### MLI Outcomes by Life Area and FY

Figures 8a and 8b show Outcomes by Life Area and FY for Waiver and CDC+ participants, respectively. Since FY22, Outcomes for Waiver participants have declined by more than seven percentage points for 'My Safety' and nearly five points for 'My Services'. Outcomes for CDC+ participants have declined by about four percentage points within the 'My Safety' area and increased by four percentage points within the 'My Social Life' area.

Figure 8a. Outcomes by Life Area and FY: Waiver

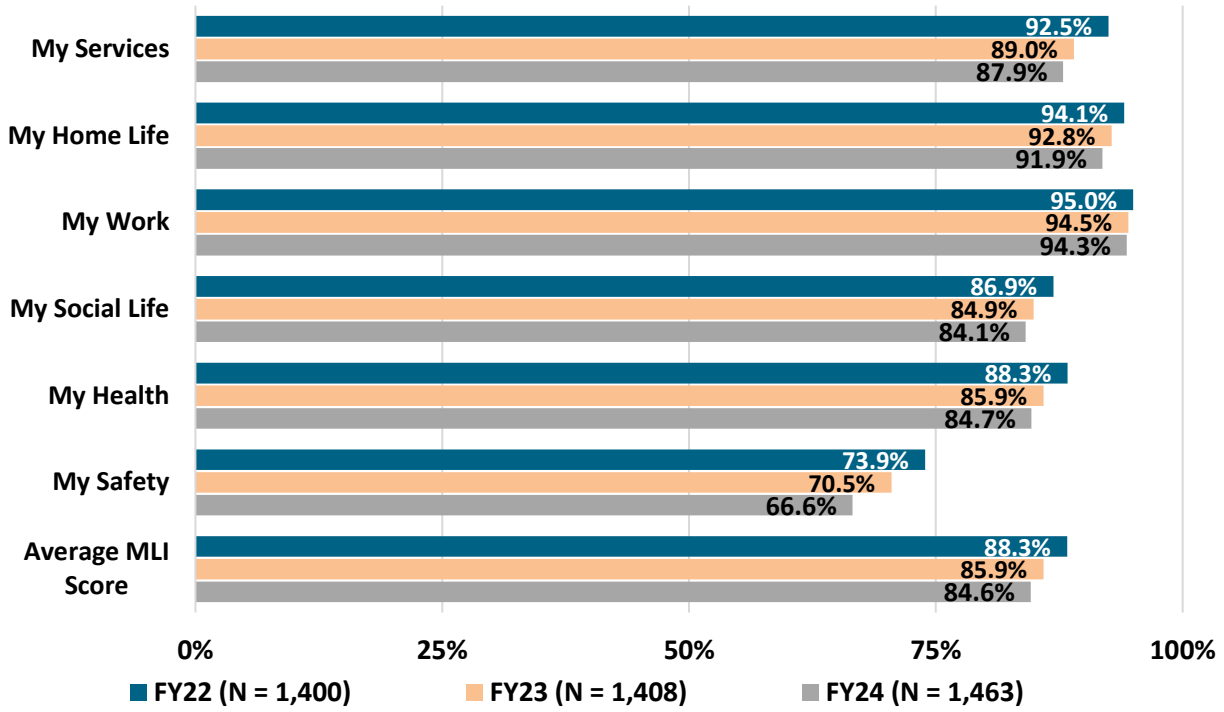
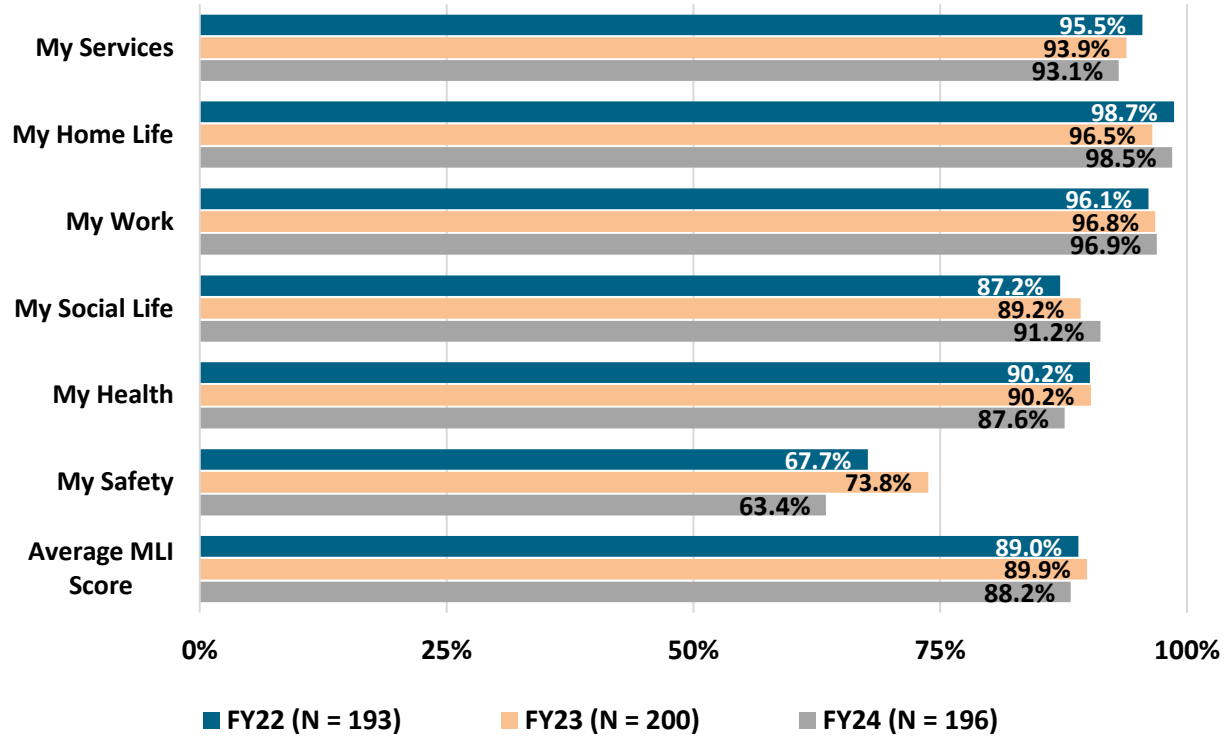



Figure 8b. Outcomes by Life Area and FY: CDC+



Tables 6a and 6b display outcomes that have changed (increased or decreased) by five or more points since FY22 within the 'My Services' and 'My Safety' life areas for Waiver particpants and within the 'My Social and 'My Safety' life areas for CDC+ participants. Among waiver participants, the Outcome showing the greatest change since FY22 had to do with individual's safety needs being met (down 13.4 points). Among CDC+ particiapnts, the Outcome showing the greatest degree of change since FY22 had to do with individuals being a part of and participating in their communities (up 10.8 points).

**Table 6a. MLI Outcomes with Greatest Change in Scores FY22 – FY24: Waiver Participants**

| Outcome | FY22 (N = 1,400) | FY23 (N = 1,408) | FY24 (N = 1,463) | Point Difference |
|---|---|---|---|---|
| **My Services** | | | | |
| Choice and Self Direction - I choose and manage my service providers. | 91.5% | 87.5% | 86.4% | - 5.1 |
| Rights - I know and exercise my rights. | 86.5% | 82.2% | 81.1% | - 5.4 |
| **My Safety** | | | | |
| Safety - My safety needs are addressed. | 79.0% | 71.2% | 65.6% | - 13.4 |
| Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 69.4% | 68.9% | 62.2% | - 7.4 |

**Table 6b. MLI Outcomes with Greatest Change in Scores FY22 – FY24: CDC+ Participants**

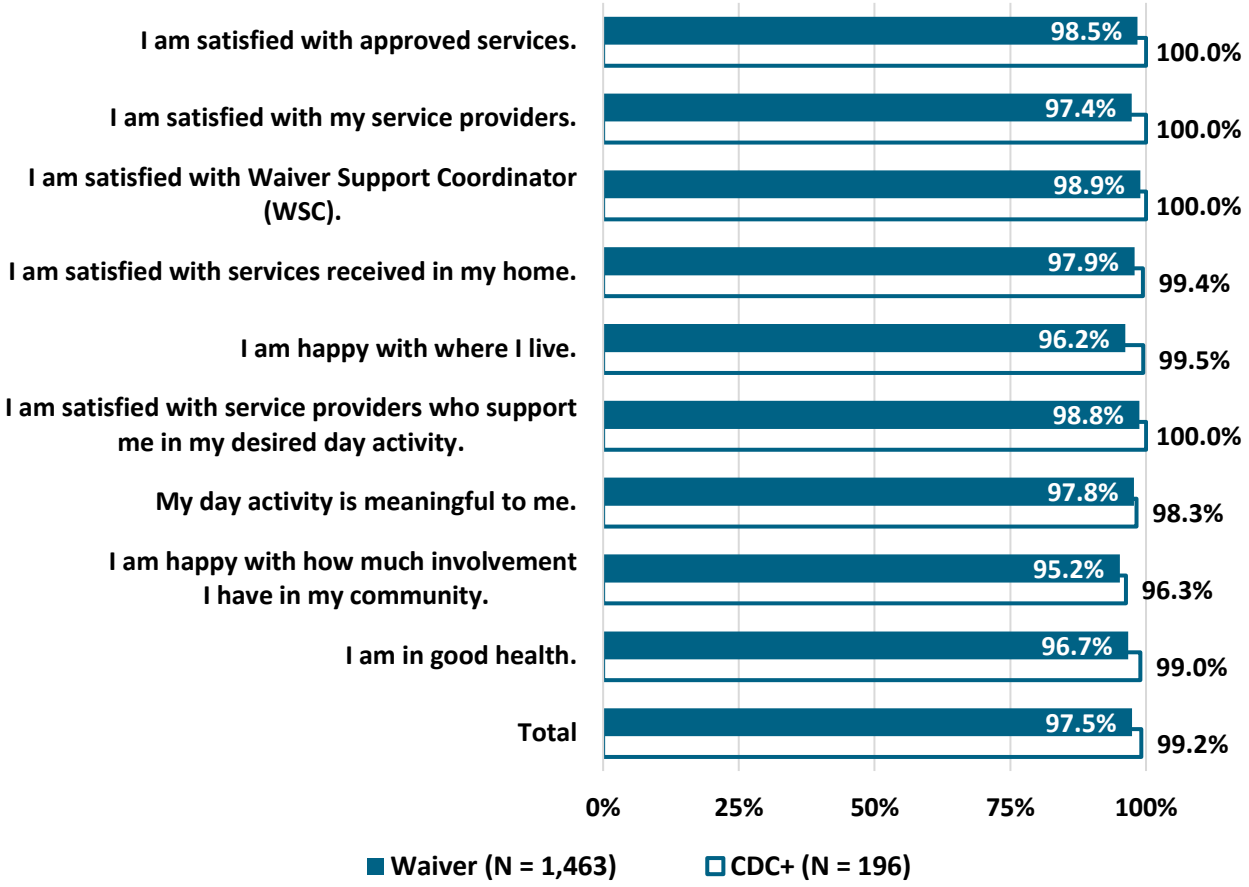
| Outcome | FY22 (N = 193) | FY23 (N = 200) | FY24 (N = 196) | Point Difference |
|---|---|---|---|---|
| **My Social** | | | | |
| Choice and Self-Direction - I am part of and participate in my community. | 78.7% | 85.5% | 89.5% | +10.8 |
| Choice and Self Direction - I am an active and contributing member of my community. | 80.6% | 82.10% | 86.9% | +6.3 |
| **My Safety** | | | | |
| Safety - I understand what abuse, neglect and exploitation (ANE) mean. | 58.5% | 62.7% | 50.0% | -8.5 |
| Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 60.2% | 68.4% | 54.8% | -5.4 |

## PCR MLI: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including services, service providers, Support Coordinators/CDC+ Consultants, their residence, and involvement in the community. Figure 9 shows the percent of individuals interviewed in FY24 who indicated they either agreed or strongly agreed with the statements listed. Findings indicate the

majority of individuals receiving services reported high levels of agreement in each area. The lowest scoring area of agreement for Waiver and CDC+ participants had to do with their level of involvement in the community – 95.2 and 96.3 percent in agreement, respectively.

**Figure 9. FY24 Individual Satisfaction: Percent Agree or Strongly Agree**




## PCR MLI: Stability

The PCR MLI includes a number of questions which measure stability in the person's life. Individuals participating in a PCR are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 7 shows the percent of individuals who experienced one or more of these changes in the 12 months prior to their interview in FY23 (July 2022 – June 2023) and FY24 (July 2023 – June 2024).

For interviews conducted in FY24, nearly 15 percent of Waiver participants and 12 percent of people using CDC+ experienced a change in their treating WSC – representing the most common source of change for both populations. The proportion of individuals reporting a change in their treating WSC, increased for Waiver participants by nearly 5 points since FY23. Another notable

change since FY23 is that the percent of people reporting a change in service providers within their home has declined for Waiver and CDC+ participants by about 3 points.

| Table 7. PCR My Life Interview: Stability (Percent with 1 or more changes) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Within the past 12 months, | Waiver | | | | CDC+ | | | |
| | FY23 (N = 1,408) | | FY24 (N = 1,463) | | FY23 (N = 200) | | FY24 (N = 196) | |
| | Total Scored | % w/ 1+ change | Total Scored | % w/ 1+ change | Total Scored | % w/ 1+ change | Total Scored | % w/ 1+ change |
| I experienced changes in my WSC agency. | 1,350 | 8.3% | 1,394 | 9.3% | 194 | 9.3% | 193 | 8.8% |
| I experienced changes in my WSC. | 1,389 | 10.0% | 1,428 | 14.8% | 197 | 11.7% | 195 | 12.3% |
| I have changed employment. | 529 | 5.7% | 589 | 5.3% | 64 | 6.3% | 63 | 1.6% |
| I have experienced changes to my work/day activity service providers. | 1,111 | 11.5% | 1,177 | 11.6% | 157 | 7.6% | 149 | 6.0% |
| I have moved. | 1,336 | 10.6% | 1,389 | 11.0% | 190 | 3.2% | 187 | 2.7% |
| Service providers in my home have changed. | 1,212 | 16.7% | 1,259 | 13.6% | 193 | 6.2% | 182 | 3.3% |
| The services I receive have changed. | 1,360 | 10.4% | 1,388 | 12.7% | 189 | 7.9% | 191 | 6.3% |

## PCR Health Summary

During the PCR, Qlarant QARs utilize a Health Summary tool to capture facets of the person's health status and occurrence of health-related events such as visits to the doctor or dentist, hospitalizations or emergency room visits, and the type and number of medications the person is taking. Health Summary data is collected through self-reporting from the person receiving services and their supports, as well as their record and QAR observations.

### Significant Health Events

Table 8 displays the percent of individuals who, within the 12 months prior to the review, had experienced a significant health event. Among those interviewed in FY24, the most common health event for people receiving services through the Waiver and CDC+ involved visiting the emergency room (ER). In FY24, 19.5 and 18.4 percent of Waiver and CDC+ participants, respectively, reported visiting the ER at least once in the previous 12 months – five points increase compared with FY22.

| Table 8. Percent of Individuals with a Significant Health Event by Waiver Type and FY (% Yes) | | | | | | |
|---|---|---|---|---|---|---|
| In the previous 12 months: | Waiver | | | CDC+ | | |
| | FY22 (N= 1,400) | FY23 (N = 1,408) | FY24 (N = 1,463) | FY22 (N = 193) | FY23 (N = 200) | FY24 (N = 196) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 1.5% | 1.2% | 2.2% | 0.0% | 0.0% | 0.5% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 3.4% | 3.6% | 4.5% | 1.0% | 3.0% | 1.0% |
| Have you been Baker Acted? | 2.6% | 2.8% | 2.8% | 1.0% | 1.0% | 0.0% |
| Have you been admitted to the hospital? | 10.3% | 10.7% | 11.0% | 9.3% | 12.5% | 10.7% |
| Have you been to an Emergency Room? | 17.1% | 17.1% | 19.5% | 13.5% | 17.5% | 18.4% |
| Have you been to an Urgent Care Center? | 5.1% | 7.1% | 5.9% | 7.3% | 6.5% | 8.2% |

## Preventive Health Care

Figures 10a and 10b show the proportion of Waiver and CDC+ participants who reported receiving a number of preventive[7] exams and vaccines. Since FY22, the proportion of people who reported receiving a preventive physical, dental or vision exam has increased for Waiver participants by between three and seven points. Similarly, the proportion of CDC+ participant who reported receiving preventative dental or vision exam has increased by nearly eight and 12 points since FY22, respectively. Since FY22, the proportion of individuals who had a COVID-19 vaccine declined by about 13 and seven points for Waiver and CDC+ participants, respectively.

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[7] Preventive physical and dental exams are expected to occur on an annual basis, while preventive vision exams are expected to occur every two years.

Figure 10a. Preventative Health Care by FY: Waiver

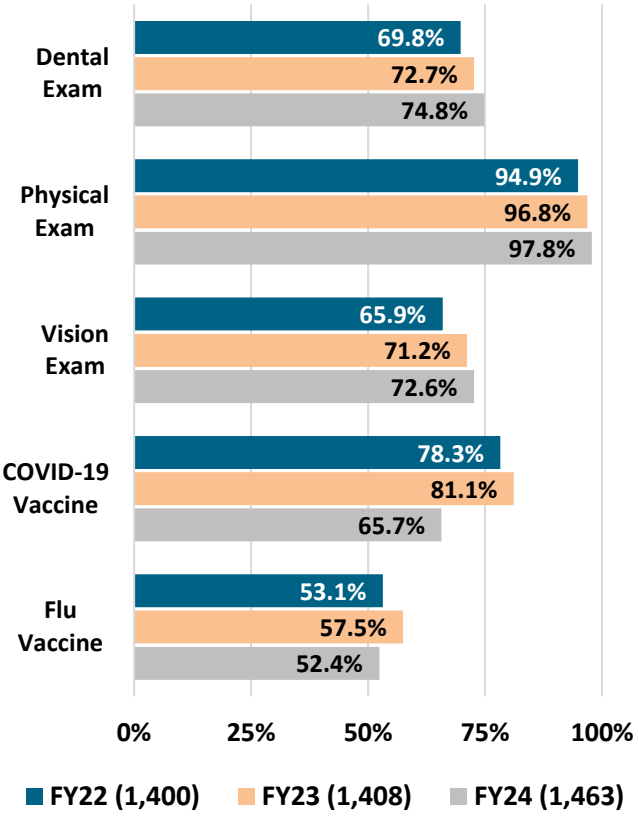
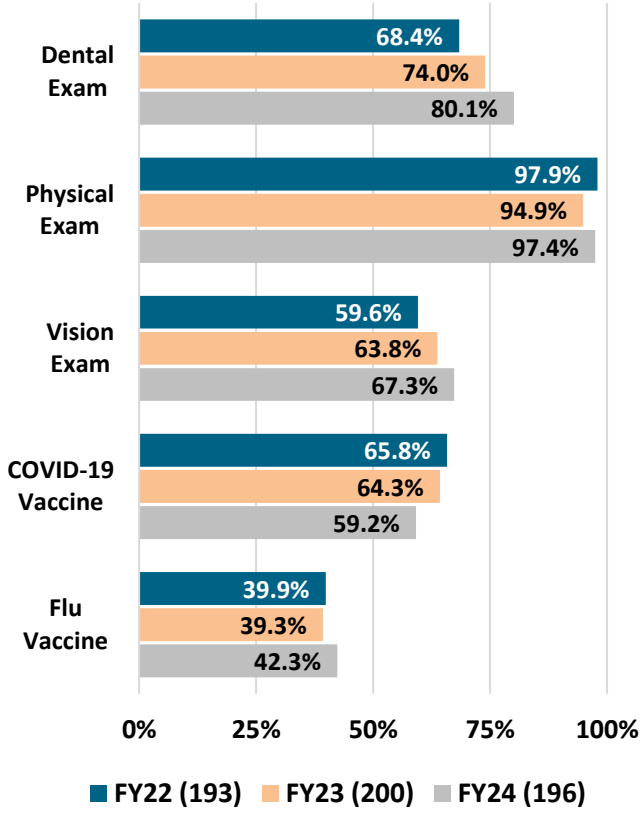



Figure 10b. Preventative Health Care by FY: CDC+




## PCR Record Reviews[8]

### Waiver Support Coordinator and CDC+ Consultants

Records maintained by the WSC and CDC+ C are reviewed for the person who was interviewed during the PCR; therefore, while record reviews are included in a QO's PDR score, results for PCR records are discussed in the PCR section.

The number of reviews and indicators scored, as well as the percent of indicators met, in FY24 are presented by region in Table 9. On average, WSCs met 91.6 percent of indicators scored. Scores by

[8] Some standards are weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as present.

region ranged from a low of 89.1 percent in the Suncoast region to a high of 94.1 percent in the Southern region. CDC+ Consultants scored higher, on average, than WSCs with 94.2 percent of standards being met. Scores by region for CDC+ Consultants ranged from a low of 91.8 percent in the Southeast region to a high of 97.7 percent in the Northeast region.

**Table 9. Number of Records and Applicable Standards by Region: FY 2024**

| Region | WSC | | | CDC+ C | | |
|---|---|---|---|---|---|---|
| | # of Records | # of Indictors Scored | Percent Met | # of Records | # of Indictors Scored | Percent Met |
| Northwest | 101 | 3,126 | 91.6% | 12 | 446 | 94.4% |
| Northeast | 197 | 6,144 | 93.6% | 48 | 1,754 | 97.7% |
| Central | 267 | 8,228 | 89.4% | 29 | 1,037 | 96.1% |
| Suncoast | 332 | 10,363 | 89.1% | 34 | 1,239 | 92.1% |
| Southeast | 339 | 10,531 | 92.8% | 49 | 1,782 | 91.8% |
| Southern | 227 | 6,992 | 94.1% | 24 | 851 | 93.1% |
| **State** | **1,463** | **45,384** | **91.6%** | **196** | **7,109** | **94.2%** |

Figures 11a and 11b show the average record review scores by region for FY22, FY23, and FY24 for WSCs and CDC+ Consultants, respectively. Notable findings are as follows:

- Since FY22, average scores within the Suncoast region have increased by more than six points for WSCs.
- Since FY22, average scores within the Northwest region have increased by nearly four points for CDC+ Consultants.
- Since FY23, average scores for WSCs and CDC+ Consultants increased by 3.8 and 1.8 points, respectively.
- Since FY23, the greatest increase in scores were within the Central region where average scores increased by six points for WSCs and CDC+ Consultants alike.
- Since FY23, the average score for CDC+ Consultants within the Southern region decreased by almost 5 points.

**Figure 11a. WSC Record Review Scores by Region and FY**

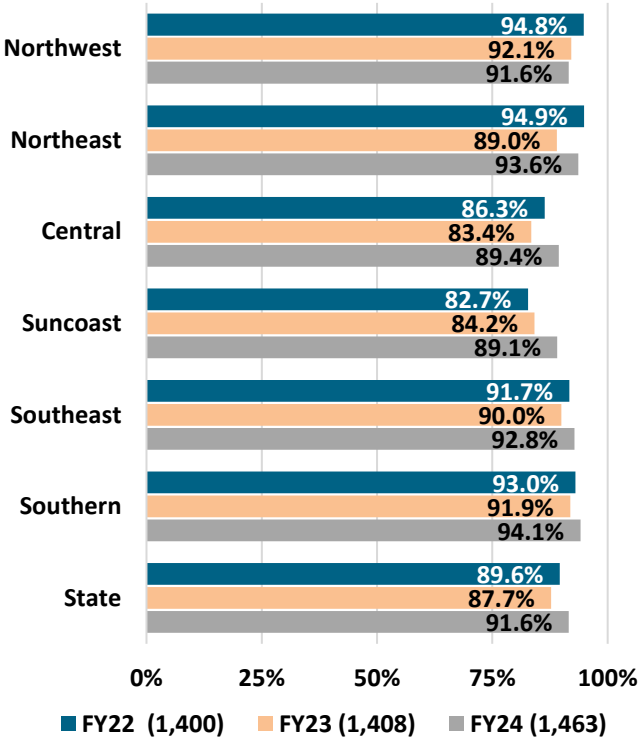
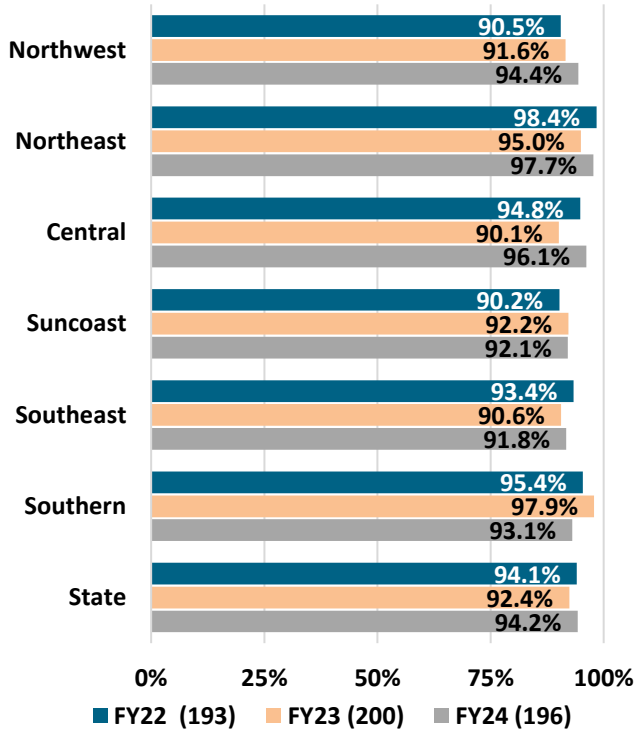



**Figure 11b. CDC+ Consultant Record Review Scores by Region and FY**




Scores by standard are shown for FY23 and FY24 for WSCs in Table 10 and CDC+ Consultants in Table 11. Since FY23, average record review scores for WSCs have increased by two percentage points and the number of standards scoring below 85 percent met (highlighted in Table 10) has declined from 13 to seven. Further, the following four standards have increased by 10 or more points since FY23:

- Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.
  - FY23: 67.7% → FY24: 82.0% - up 14.3 points
- Level of care is reevaluated at least every 365 days and contains all required components for compliance.
  - FY23: 78.2% → FY24: 90.5% - up 12.3 points
- Level of care is reevaluated at least every 365 days and contains all required components for billing.
  - FY23: 77.2% → FY24: 89.1% - up 11.9 points
- Person receiving services is given a choice of waiver services or institutional care at least annually.
  - FY23: 78.0% → FY24: 89.3% - up 11.3 points

| Table 10. WSC Scores by Standards: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 1,408) | | FY 2024 (N = 1,463) | |
| | Total Scored | % Met | Total Scored | % Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 1,406 | 77.2% | 1,461 | 89.1% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 1,402 | 78.2% | 1,458 | 90.5% |
| Level of care is completed accurately using the correct instrument/form. | 1,402 | 73.7% | 1,456 | 82.3% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 1,406 | 78.0% | 1,461 | 89.3% |
| The Support Plan is developed with signatures timely. | 1,397 | 92.3% | 1,445 | 93.1% |
| The Support Plan has all required components complete. | 1,396 | 77.7% | 1,452 | 81.0% |
| Support Coordinator completed accurate Significant Additional Need (SAN) requests. | 273 | 97.4% | 312 | 98.7% |
| Support Coordinator solicits and addresses the person's preferences with regard to employment. | 1,193 | 95.0% | 1,188 | 95.4% |
| The current Annual Report is in the record. | 1,374 | 78.3% | 1,417 | 85.3% |
| The Support Plan is updated when warranted by changes in the needs of the person. | 538 | 90.7% | 639 | 89.2% |
| Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date. | 1,394 | 94.5% | 1,437 | 96.2% |
| Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date. | 1,293 | 92.8% | 1,337 | 93.9% |
| The Support Plan includes supports and services consistent with assessed needs. | 1,397 | 68.2% | 1,454 | 77.9% |
| The Support Plan reflects support and services necessary to address assessed risks. | 1,375 | 68.4% | 1,453 | 76.1% |
| The record includes a current complete Safety Plan when warranted. | 23 | 82.6% | 47 | 87.2% |
| The Safety Plan was distributed and reviewed with pertinent providers. | 22 | 68.2% | 44 | 65.9% |
| Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person. | 1,397 | 89.7% | 1,453 | 93.1% |
| Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests. | 1,401 | 95.1% | 1,457 | 98.6% |

| Table 10. WSC Scores by Standards: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 1,408) | | FY 2024 (N = 1,463) | |
| | Total Scored | % Met | Total Scored | % Met |
| Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s). | 1,323 | 96.4% | 1,339 | 97.2% |
| Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan. | 1,332 | 87.0% | 1,380 | 87.7% |
| Support Coordinator bills for services after required contacts are rendered. | 1,401 | 95.8% | 1,449 | 97.9% |
| Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 1,389 | 67.7% | 1,412 | 82.0% |
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility. | 568 | 92.1% | 560 | 93.4% |
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living. | 203 | 84.7% | 230 | 89.1% |
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home. | 658 | 91.3% | 696 | 92.7% |
| Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes. | 1,401 | 86.1% | 1,449 | 91.3% |
| For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit. | 189 | 78.3% | 219 | 76.7% |
| For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 170 | 97.1% | 193 | 97.4% |
| Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis. | 1,395 | 98.1% | 1,460 | 99.2% |
| Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis. | 1,395 | 98.2% | 1,457 | 99.0% |
| Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. | 1,407 | 95.7% | 1,460 | 96.8% |

| Table 10. WSC Scores by Standards: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 1,408) | | FY 2024 (N = 1,463) | |
| | Total Scored | % Met | Total Scored | % Met |
| Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed. | 1,407 | 96.2% | 1,461 | 98.6% |
| Support Coordinator documents ongoing efforts to assess and address the person's safety needs. | 1,406 | 96.2% | 1,461 | 95.1% |
| Support Coordinator documents person's history regarding abuse, neglect and/or exploitation. | 1,016 | 96.3% | 1,006 | 96.0% |
| Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation. | 1,407 | 95.3% | 1,461 | 96.2% |
| Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation. | 1,406 | 96.5% | 1,461 | 96.5% |
| Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services. | 1,350 | 89.6% | 1,385 | 91.6% |
| Support Coordinator documents the review of the QO's disciplinary process to the person receiving services. | 1,361 | 87.7% | 1,437 | 91.0% |
| Support Coordinator documents the review of the QO's code of ethics to the person receiving services. | 1,363 | 88.2% | 1,437 | 92.1% |
| **Average WSC Score** | **43,636** | **87.7%** | **45,384** | **91.6%** |

The figure below lists the three lowest scoring WSC record review standards as well as their most commonly cited Not Met Reason.

**Figure 12. Low Scoring WSC Record Review Standards and Most Common Not Met Reason: FY24**

**The Support Plan reflects support and services necessary to address assessed risks (76.1%; n = 1,453)**

- Current Support Plan did not include strategies for assessed risks: 39.1% of Not Mets (136/348)

**For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit (76.7%; n = 219)**

- Quarterly meeting documentation did not demonstrate review of the APD Health and Safety checklist: 41.2% of Not Mets (21/51)

**The Support Plan includes supports and services consistent with assessed needs (76.7%; n = 1,454)**

- Current Support Plan did not include strategies for assessed needs: 37.1% of Not Mets (119/321)

Since FY23, average record review scores for CDC+ Consultants have increased by two points, overall, and the number of standards scoring below 85 percent met (highlighted in Table 11) has declined from nine to four. Further, the following three standards have increased by 10 or more points since FY23:

- Level of care is reevaluated at least every 365 days and contains all required components for billing.
  - FY23: 84.5% → FY24: 95.4% - up 10.9 points
- Person receiving services is given a choice of waiver services or institutional care at least annually.
  - FY23: 84.5% → FY24: 95.4% - up 10.9 points
- Level of care is reevaluated at least every 365 days and contains all required components for compliance.
  - FY23: 85.5% → FY24: 95.4% - up 9.9 points

**Table 11. CDC+ Consultant Scores by Standard: FY 2023 vs FY 2024**

| Standard | FY 2023 (N = 200) | | FY 2024 (N = 196) | |
|---|---|---|---|---|
| | Total Scored | % Met | Total Scored | % Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 200 | 84.5% | 196 | 95.4% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 200 | 85.5% | 196 | 95.4% |
| Level of care is completed accurately using the correct instrument/form. | 199 | 81.4% | 196 | 87.2% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 200 | 84.5% | 196 | 95.4% |
| The Support Plan is developed with signatures timely. | 198 | 92.9% | 196 | 94.9% |
| The Support Plan has all required components complete. | 198 | 82.8% | 195 | 87.7% |
| CDC+ Consultant completed accurate Significant Additional Need (SAN) requests. | 23 | 100.0% | 35 | 100.0% |
| CDC+ Consultant solicits and addresses the person's preferences with regard to employment. | 152 | 97.4% | 152 | 96.7% |
| The current Annual Report is in the record. | 197 | 83.8% | 192 | 90.6% |
| The Support Plan is updated when warranted by changes in the needs of the person. | 45 | 93.3% | 52 | 94.2% |
| Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date. | 199 | 97.0% | 191 | 95.8% |
| Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date. | 199 | 96.0% | 190 | 94.7% |

| Table 11. CDC+ Consultant Scores by Standard: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 200) | | FY 2024 (N = 196) | |
| | Total Scored | % Met | Total Scored | % Met |
| The Support Plan includes supports and services consistent with assessed needs. | 198 | 79.3% | 195 | 79.5% |
| The Support Plan reflects support and services necessary to address assessed risks. | 195 | 75.4% | 194 | 79.9% |
| The record includes a current complete Safety Plan when warranted. | 0 | . | 0 | . |
| The Safety Plan was distributed and reviewed with pertinent providers. | 0 | . | 0 | . |
| CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person. | 199 | 94.0% | 195 | 95.9% |
| CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests. | 200 | 94.5% | 196 | 99.5% |
| CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan. | 200 | 98.0% | 195 | 98.5% |
| CDC+ Consultant bills for services after required contacts are rendered. | 199 | 97.5% | 194 | 99.5% |
| The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 196 | 80.6% | 190 | 82.1% |
| Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month. | 200 | 91.0% | 196 | 95.4% |
| CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes. | 200 | 91.0% | 195 | 94.9% |
| CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights. | 200 | 95.0% | 196 | 96.9% |
| CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed. | 200 | 99.0% | 196 | 99.0% |
| CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs. | 200 | 97.5% | 196 | 96.9% |
| CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation. | 148 | 95.9% | 137 | 95.6% |
| CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation. | 200 | 93.0% | 195 | 94.4% |
| CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation. | 200 | 96.5% | 195 | 94.9% |

| Table 11. CDC+ Consultant Scores by Standard: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 200) | | FY 2024 (N = 196) | |
| | Total Scored | % Met | Total Scored | % Met |
| CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services. | 197 | 92.4% | 191 | 95.3% |
| CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services. | 190 | 90.5% | 194 | 94.3% |
| CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services. | 190 | 91.6% | 194 | 94.8% |
| Completed/signed Participant-Consultant Agreement is in the record. | 200 | 99.0% | 196 | 96.4% |
| Completed/signed CDC+ Consent Form is in the record. | 200 | 98.0% | 196 | 95.9% |
| Completed/signed Participant-Representative Agreement is in the record. | 200 | 98.5% | 195 | 95.9% |
| All applicable completed/signed Purchasing Plans are in the record. | 200 | 99.5% | 196 | 96.9% |
| The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan. | 200 | 99.0% | 196 | 95.9% |
| All applicable completed/signed Quick Updates are in the Record. | 57 | 96.5% | 54 | 98.1% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 67 | 98.5% | 73 | 94.5% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 187 | 99.5% | 175 | 97.7% |
| CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 189 | 98.4% | 183 | 98.9% |
| CDC+ Consultant has taken action to correct any overspending by the Participant. | 18 | 100.0% | 9 | 88.9% |
| If applicable, CDC+ Consultant initiates Corrective Action. | 4 | 100.0% | 3 | 100.0% |
| Completed/signed Corrective Action Plan is in the record. | 3 | 100.0% | 3 | 100.0% |
| If applicable, an approved Corrective Action Plan is being followed. | 3 | 66.7% | 3 | 100.0% |
| The Emergency Backup Plan is in the record and reviewed annually. | 200 | 94.0% | 196 | 92.9% |
| **Average CDC+ C Score** | **7,250** | **92.4%** | **7,109** | **94.2%** |

The figure below lists the three lowest scoring CDC+ Consultant record review standards as well as their most commonly cited Not Met Reason.

**Figure 13. Low Scoring CDC+ Consultant Record Review Standards and Most Common Not Met Reason**

**The Support Plan reflects support and services necessary to address assessed needs (79.5%; n = 195)**

- Current Support Plan did not include strategies for assessed needs: 45.0% of Not Mets (18/40)

**The Support Plan includes supports and services consistent with assessed risks (79.9%; n = 194)**

- Current Support Plan did not include strategies for assessed risks: 53.8% of Not Mets (21/39)

**The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted (82.1%; n = 190)**

- CDC+ Consultant documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year: 50.0% of Not Mets (17/34)

## Provider Discovery Reviews

## CDC+ Representative Discovery Reviews

People who elect to receive services through CDC+ have a Representative who helps with the "business" aspect of the program, such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is often filled by a family member; however, the participant can be their own Representative. Qlarant QARs review records to help determine if the Representative is complying with CDC+ standards and other requirements.

**Table 12. CDC+ Representative Scores by Region: FY 2024**

| Region | # of Records | # of Standards Scored | % Met |
|---|---|---|---|
| Northwest | 24 | 344 | 86.6% |
| Northeast | 33 | 500 | 93.0% |
| Central | 52 | 768 | 94.8% |
| Suncoast | 33 | 503 | 90.7% |
| Southeast | 40 | 589 | 93.2% |
| Southern | 29 | 450 | 94.7% |
| **State** | **211** | **3,154** | **92.6%** |

### CDC+ Representative Record Reviews

In FY24, 211 service records were reviewed for 200 CDC+ Representatives. Results are displayed by region in Table 12 and by standard for FY23 and FY24 in Table 13. On average, CDC+ Representatives scored relatively high on record reviews in FY23 and FY24 –93.5 and 92.6 percent met, respectively. At the standard level, two standards (scored for more than 10 records) were less

than 85 percent met, on average. These lower scoring standards (highlighted in Table 13) indicate Representatives did not always maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (82.4%) or have background screening results for all Directly Hired Employees (DHEs) (82.8%). Since FY23, the following two standards have decline by more than five percentage points:

- Background screening results for all Independent Contractors who render direct care are available for review.
    - FY23: 95.1% → FY24: 88.2% - down 6.9 points
- Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.
    - FY23: 92.3% → FY24: 86.7% - down 5.6 points

**Table 13. CDC+ Representative Scores by Standard: FY 2023 vs FY 2024**

| Standard | FY 2023 (N = 250) | | FY 2024 (N = 211) | |
|---|---|---|---|---|
| | Total Scored | % Met | Total Scored | % Met |
| Complete and signed Participant/ Representative Agreement is available for review. | 250 | 95.6% | 211 | 96.2% |
| Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. | 229 | 92.1% | 192 | 89.1% |
| Signed and approved Invoices for Vendor Payments are available for review. | 130 | 93.8% | 74 | 90.5% |
| Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review. | 52 | 92.3% | 30 | 86.7% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 231 | 95.2% | 196 | 92.9% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 145 | 93.1% | 90 | 93.3% |
| The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 242 | 82.6% | 205 | 82.4% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 234 | 92.7% | 199 | 91.5% |
| All applicable signed and approved Purchasing Plans are available for review. | 242 | 97.5% | 201 | 97.0% |

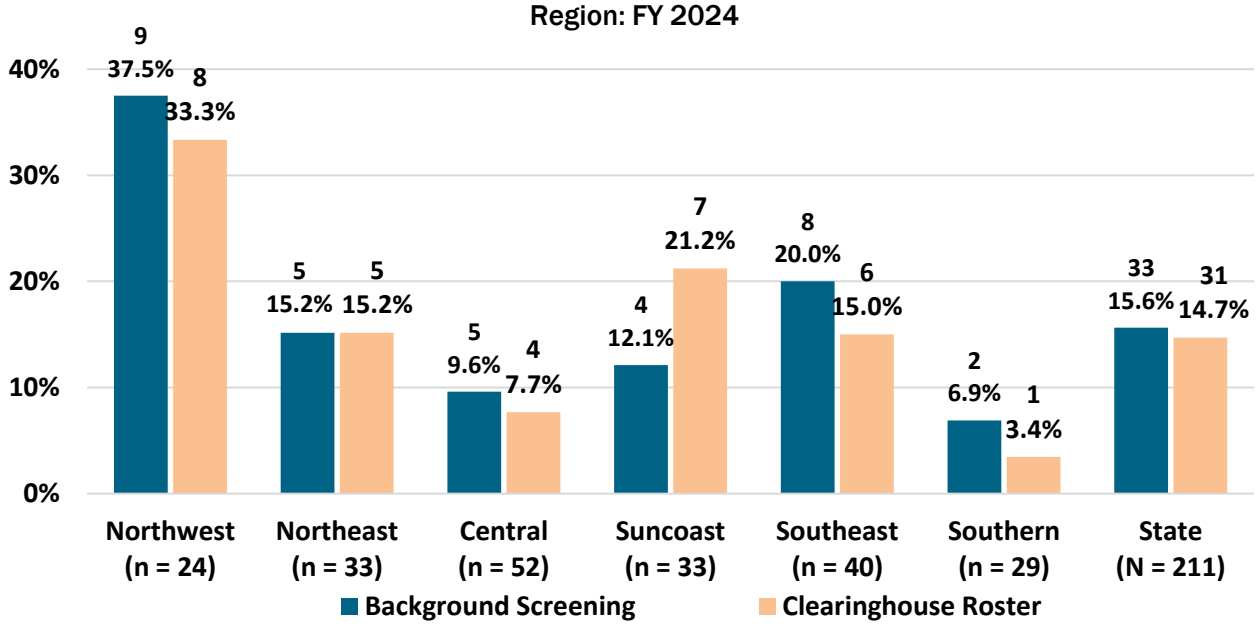
| Table 13. CDC+ Representative Scores by Standard: FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Standard | FY 2023 (N = 250) | | FY 2024 (N = 211) | |
| | Total Scored | % Met | Total Scored | % Met |
| All applicable signed and approved Quick Updates are available for review. | 89 | 95.5% | 57 | 100.0% |
| Copies of Support Plan(s) are available for entire period of review. | 249 | 96.8% | 211 | 99.1% |
| Copies of approved Cost Plan(s) are available for entire period of review. | 250 | 95.2% | 210 | 96.7% |
| Emergency Backup Plan is complete and available for review. | 250 | 91.6% | 210 | 92.4% |
| Corrective Action Plan (if applicable) is available for review. | 8 | 62.5% | 6 | 83.3% |
| Monthly Statements are available for review. | 246 | 96.7% | 210 | 94.3% |
| Documentation is available to support the reconciliation of Monthly Statements. | 246 | 92.7% | 207 | 88.4% |
| The Participant obtains services consistent with stated/documented needs and goals. | 248 | 96.4% | 210 | 97.1% |
| The Participant makes purchases consistent with the Purchasing Plan. | 248 | 96.0% | 209 | 96.2% |
| Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review. | 232 | 86.6% | 192 | 82.8% |
| Background screening results for all Independent Contractors who render direct care are available for review. | 82 | 95.1% | 34 | 88.2% |
| **Average CDC+ R Score** | **3,903** | **93.5%** | **3,154** | **92.6%** |

## CDC+ Representative Alerts

When a CDC+ Rep does not have all the appropriate BGS or Clearinghouse Roster documentation on file, an Alert may be recorded.[9] The number of alerts cited for CDC+ Reps are displayed in Figure 13 by region. A total of 64 alerts were cited in FY24 – 33 BGS alerts and 31 Clearinghouse Roster alerts. More than a third of CDC+ Reps in the Northwest region had one or more BGS or Clearinghouse Roster alerts in FY24.

[9] Background screenings alerts are not recorded when the only discrepancy is that the Affidavit of Good Moral Character is completed, signed or notarized.

Figure 13. Percent of CDC+ Reps with BGS or Clearinghouse Roster Alert(s) by Region: FY 2024




## Qualified Organization (QO) Discovery Reviews[10]

Over the course of the contract year, a review is completed for each Qualified Organization. The QO Discovery Review consists of two components: an Administrative Review and a Record Review. The Administrative Review process includes a General Administrative Review (GAR) for each QO and Staff Qualification and Trainings (Q&T) for a sample of WSCs/CDC+ Consultants (up to four per QO). The Record Review component includes a service record review for each individual selected for a PCR.[11]

Table 14. PDR QOs by Region and Review Component: FY 2024

| Region | QOs | Staff Q&Ts | Record Reviews |
|---|---|---|---|
| Northwest | 10 | 38 | 113 |
| Northeast | 24 | 83 | 245 |
| Central | 33 | 118 | 296 |
| Suncoast | 31 | 112 | 366 |
| Southeast | 50 | 197 | 388 |
| Southern | 36 | 125 | 251 |
| **State** | **184** | **673** | **1,659** |

[10] All review tools are posted on the FSQAP website: https://florida.qlarant.com
[11] Record review results for QOs are discussed in the PCR section.

Between July 2023 and June 2024, 184 QO PDRs were completed and approved by Qlarant Regional Managers. Table 14 shows the number of QOs reviewed by region, as well as the number of staff and individual records sampled for review.

## General Administrative Review

The General Administrative Review (GAR) tool addresses compliance dictated in the iBudget Handbook, Florida Administrative Code, and Florida Statute regarding incident reporting, ANE reporting, and Clearinghouse Roster maintenance.

Table 15 shows indicator level results for QOs reviewed in FY23 and FY24. In FY24, the average GAR score was 97.6 percent, slightly lower than the average score in FY23 (98.1%). All standards scored on the GAR in FY23 and FY24 were 95 percent met or higher.

**Table 15. General Administrative Review by Standard: QOs FY 2023 vs FY 2024**

| Standard | FY 2023 (N = 203) | | FY 2024 (N = 184) | |
|---|---|---|---|---|
| | Total Scored | % Met | Total Scored | % Met |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 203 | 99.5% | 184 | 100.0% |
| The provider addresses all incident reports. | 120 | 96.7% | 119 | 95.8% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 29 | 100.0% | 25 | 100.0% |
| All instances of abuse, neglect, and exploitation are reported. | 25 | 100.0% | 23 | 100.0% |
| The provider maintains Business Liability Insurance. | 202 | 100.0% | 184 | 97.8% |
| The provider maintains a Table of Organization. | 203 | 95.6% | 184 | 96.7% |
| The Mentor has the appropriate qualifications. | 167 | 97.0% | 167 | 95.8% |
| The Mentee completed all mentoring program requirements. | 92 | 95.7% | 65 | 95.4% |
| The Mentee completed all mentoring program requirements for the CDC+ program. | 36 | 100% | 25 | 100.0% |
| The provider employs at least four Support Coordinators. | 199 | 99.5% | 182 | 98.4% |
| **State Average** | **1,276** | **98.1%** | **1,158** | **97.6%** |

## Staff Qualifications and Training

All WSCs and CDC+ Consultants are required to have certain training and education completed in order to render services. For each QO, Qlarant uses the Staff Q&T tool to review up to four WSC/CDC+ Consultant records to assess compliance with qualification and training requirements.

**Table 16. QO Staff Q&T Scores by Region FY 2024**

| Region | # QOs | #WSCs | % Met |
|---|---|---|---|
| Northwest | 10 | 38 | 99.1% |
| Northeast | 24 | 83 | 96.2% |
| Central | 33 | 118 | 96.4% |
| Suncoast | 31 | 112 | 95.2% |
| Southeast | 50 | 197 | 96.6% |
| Southern | 36 | 125 | 94.3% |
| **State** | **184** | **673** | **96.0%** |

Qlarant reviewed 673 WSC/CDC+ C records across 184 QOs in FY24. Table 16 shows the distribution of these reviews by region and their average percent met. Overall, 95.5 percent of standards were met for the 734 WSCs/CDC+ Cs reviewed. By region, average scores ranged from a low of 93.2 percent in the Central region to a high score of 97.6 percent in the Southeast region.

### Staff Q&T Results by Standard

A description of each standard scored within the Staff Q&T component of the QO PDR is shown in Table 17. This table shows average scores by standard for all staff (WSCs/CDC+ Consultants) records reviewed, as well as the percent of QOs in compliance with each standard. For a QO to be in compliance, all staff records reviewed must be 100 percent met. In other words, if one WSC or CDC+ consultant is out of compliance, the QO does not meet compliance for the standard.

In FY24, four out of the 15 standards scored for QOs had a compliance rate below 85 percent (highlighted in Table 17). These standards and their most frequently cited Not Met Reasons are outlined below:

- **49 WSCs/CDC+ Cs across 35 QOs did not meet HIPAA training requirements.**
  - 30 out of 49 (61.2%) Not Mets were due to staff not having documentation demonstrating their most recent HIPAA training was less than a year old.
- **51 WSCs/CDC+ Cs across 34 QOs did not meet HIV/AIDS/Infection Control training requirements.**
  - 33 out of 51 (64.7%) Not Mets were due to staff having documented evidence of completing training in HIV/AIDS/Infection Control but not from an APD approved trainer/source.
- **47 WSCs/CDC+ Cs across 29 QOs did not meet First Aid training requirements.**
  - 20 out of 42 (47.6%) of Not Mets were due to providers not presenting documented evidence of completion of staff training in First Aid.

- **54 WSCs/CDC+ Cs across 32 QOs employed WSCs that did not complete 18 hours of job related annual in-service training.**
    - 33 out of 54 (61.1%) of Not Mets were due to provider documentation demonstrating completion of some but not all 18 hours of job related annual in-service training.

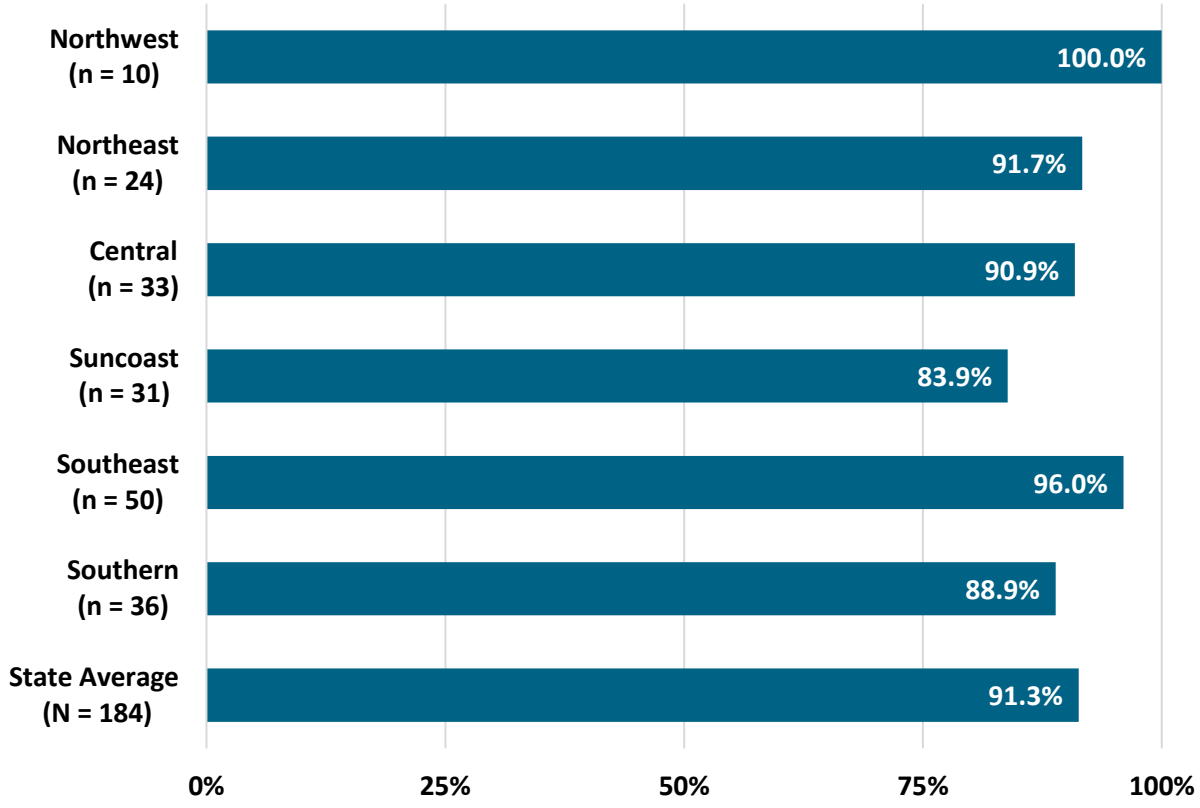
| Table 17. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2024 (184 QOs; 673 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff Met | # QOs Reviewed | % QOs in Compliance |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 673 | 100.0% | 184 | 100.0% |
| The provider received training in Zero Tolerance. | 673 | 97.5% | 184 | 91.8% |
| The provider received training in Direct Care Core Competencies. | 527 | 98.7% | 176 | 96.0% |
| The provider received training in Direct Care Core Competency. (Old) | 142 | 100.0% | 87 | 100.0% |
| The provider received training in Requirements for all Waiver Providers. | 668 | 97.6% | 183 | 93.4% |
| The provider received training in HIPAA. | 672 | 92.7% | 184 | 81.0% |
| The provider received training in HIV/AIDS/Infection Control. | 671 | 92.4% | 184 | 81.5% |
| The provider maintains current CPR certification. | 669 | 95.8% | 184 | 89.1% |
| The provider received training in First Aid. | 669 | 93.7% | 184 | 84.2% |
| The Support Coordinator successfully completed required pre-service level 1 assessment. | 291 | 99.0% | 119 | 98.3% |
| Support Coordinator successfully completed required In-Person Level 2 assessment. | 158 | 98.1% | 97 | 97.9% |
| The Support Coordinator completes 18 hours of job related annual in-service training. | 604 | 91.1% | 181 | 82.3% |
| The Support Coordinator successfully completed Introduction to Social Security Work Incentives. | 637 | 95.4% | 183 | 86.9% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 238 | 100.0% | 115 | 100.0% |
| The provider has completed all aspects of required Level II Background Screening. | 677 | 97.3% | 184 | 91.3% |

| Table 17. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2024 (184 QOs; 673 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff Met | # QOs Reviewed | % QOs in Compliance |
| **State Averages** | **7,971** | **96.0** | **3,795** | **87.7%** |

**Background Screenings**

During the PDR, a sample of WSC/CDC+ C records are reviewed to determine compliance with all components of background screening (BGS) requirements. To be in compliance, all staff reviewed much meet all BGS requirements. If a single staff record indicates a lack of required documentation, the QO is reported as being out of compliance. Figure 13 shows the percent of QOs in compliance with BGS requirements by region in FY24. Of the 184 QOs reviewed in FY24, 16 did not meet all background screening requirements for all staff. BGS compliance by region ranged from a low of 83.9 percent in the Suncoast region where 31 QOs were reviewed to a high of 100 percent in the Northwest region where 10 QOs were reviewed.

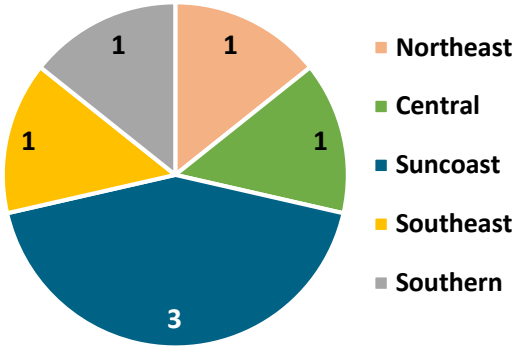
**Figure 13. Percent of QOs with All Background Standards Met by Region: FY2024**



## QO Alerts

When a QO does not have all the appropriate BGS or Clearinghouse roster documentation on file, an Alert is recorded.[12] Additional alerts, such as Rights, are recorded when warranted. In FY24, only seven BGS alerts were cited for QOs reviewed. The distribution of BGS alerts by region is displayed in Figure 14. Out of the seven BGS alerts cited for QOs – three were in the Suncoast region. Every other region had one BGS alert except the Northwest region where QOs did not have any alerts.

**Figure 14. QO Background Screening Alerts by Region: FY 2024**




## QO Scores

Table 18 shows PDR scores for QOs in FY22, FY23, and FY24. The table includes the average overall QO PDR score, as well as average scores for the Administrative and Record Review components of the QO PDR. The table also shows the number of alerts and billing standards scored Not Met. Results for QOs scored in FY24 were higher, on average, than average scores in FY23. In FY24, QOs performed better across all components of the PDR than they did in FY22 and FY23.

**Table 18. Summary of PDR Scores for Qualified Organizations: FY 2022 – FY 2024**

| Size | PDR Scores | | | # of Alerts | # of Billing Standards Scored Not Met |
|---|---|---|---|---|---|
| | Overall Score | Admin Review | Record Review[13] | | |
| FY22 (N = 207) | 91.5% | 96.5% | 91.0% | 13 | 679 |
| FY23 (N = 203) | 90.2% | 95.8% | 88.4% | 17 | 472 |
| FY24 (N = 184) | 93.2% | 96.2% | 92.8% | 7 | 283 |

[12] A BGS alert is not cited when a QO is only marked not met due to the APD Affidavit of Good Moral Character not being present or properly completed.
[13] Record Review scores for QOs are discussed in the PCR section.

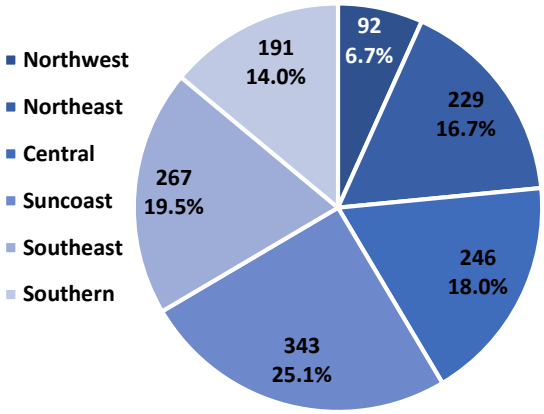
## Service Provider Discovery Reviews

During the course of the contract year, a review is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:[14]

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Life Skills Development 4 (Prevocational)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Residential Habilitation Enhanced Intensive Behavior (EIB)
- Respite
- Special Medical Home Care
- Supported Living Coaching

The Service Provider Discovery Review consists of up to five review components. Every service provider receives a General Administrative Review (GAR), one or more Staff Qualifications and Training (Q&T) reviews, and one or more Service Specific Record Reviews (SSRR). Providers may also have individual(s) participate in the My Life Interview (MLI) and, if the provider has a waiver funded licensed residential homes (LRH) or day program facilities, they will receive at least one Observations (OBS).

**Figure 15. Service Provider PDRs by Region: FY 2024 (N = 1,368)**




Between July 2023 and June 2024, 1,368 Service Provider PDRs were completed and approved by Qlarant Regional Managers. Figure 15 shows the number and percent of PDRs conducted in each

[14] Deemed providers are permitted to skip one year for the PDR. In FY24, deemed status was defined as an Overall PDR Score of 85% or higher for Service Providers, with no alerts. There is no deemed status for Qualified Organizations/Waiver Support Coordinators.

region and Table 19 shows the number of reviews completed for each component of the PDR, by region.

| Table 19. Number of Reviews by Review Component and Region: FY 2024 | | | | | | |
|---|---|---|---|---|---|---|
| Region | GARs | MLIs | Staff Q&Ts | Observations | | SSRRs |
| | | | | LRHs | ADTs | |
| Northwest | 92 | 99 | 210 | 24 | 8 | 260 |
| Northeast | 229 | 287 | 562 | 145 | 24 | 707 |
| Central | 246 | 338 | 650 | 203 | 24 | 816 |
| Suncoast | 343 | 496 | 919 | 241 | 62 | 1187 |
| Southeast | 267 | 387 | 719 | 223 | 23 | 855 |
| Southern | 191 | 269 | 518 | 149 | 18 | 630 |
| **Total** | **1,368** | **1,876** | **3,578** | **985** | **160** | **4,455** |

## General Administrative Review

Each service provider is reviewed on up to nine standards through the General Administrative Review (GAR) tool. These standards address compliance with incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance, as defined by Rule in the iBudget Handbook, Florida Administrative Code, and Florida Statute. . Not all standards scored within the GAR apply to solo providers; therefore, results are reported separately for agency and solo Service Providers.

Findings by region are presented in Table 20. On average, agencies scored slightly higher than solo providers (97.0% versus 96.2%). Among agency providers, scores by region were fairly consistent with low scores of 94.9 percent in the Suncoast region and a high score of 99.2 percent in the Northwest region. Scores by region were more varied for solo providers ranging from 100 percent in the Northwest and Southern regions to 89.2 percent in the Suncoast region.

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| Table 20. General Administrative Results by Region<br>Agency v. Solo Service Providers: FY 2024 | | | | | | |
|---|---|---|---|---|---|---|
| Region | Agency Providers | | | Solo Providers | | |
| | # of PDRs | Standards Scored | % Met | # of PDRs | Standards Scored | % Met |
| Northwest | 63 | 131 | 99.2% | 29 | 31 | 100.0% |
| Northeast | 183 | 432 | 98.1% | 46 | 49 | 98.0% |
| Central | 216 | 548 | 97.1% | 30 | 36 | 97.2% |
| Suncoast | 308 | 802 | 94.9% | 35 | 37 | 89.2% |
| Southeast | 247 | 533 | 98.3% | 20 | 21 | 95.2% |
| Southern | 182 | 372 | 97.6% | 9 | 9 | 100.0% |
| **State** | **1,199** | **2,818** | **97.0%** | **169** | **183** | **96.2%** |

Table 21 shows GAR results by standard for agency and solo providers. The majority of standards scored for solo providers had very few responses and should be interpreted with caution. Findings are summarized as follows:

- Among agency providers,
  - All standards were over 90 percent met, on average.
  - The lowest scoring indicator for agency providers had to do providers identifying and addressing concerns related to abuse, neglect, and exploitation. (92.3%; n = 65).
- Among solo providers,
  - Only two of five standards were scored for more than 6 providers.
  - The lowest scoring standard had to do with providers maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (95.9%; n = 169).

| Table 21. General Administrative Review Results by Standard: Agencies vs Solos<br>FY 2024 | | | | | | |
|---|---|---|---|---|---|---|
| Standard | Agencies (n = 1,199) | | | Solos (n = 169) | | |
| | # Met | Total Scored | % Met | # Met | Total Scored | % Met |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 34 | 34 | 100% | NA | NA | NA |

| Table 21. General Administrative Review Results by Standard: Agencies vs Solos FY 2024 | | | | | | |
|---|---|---|---|---|---|---|
| Standard | Agencies (n = 1,199) | | | Solos (n = 169) | | |
| | # Met | Total Scored | % Met | # Met | Total Scored | % Met |
| If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 2 | 2 | 100% | NA | NA | NA |
| Agency vehicles used for transportation are properly insured. | 469 | 475 | 98.7% | NA | NA | NA |
| Agency vehicles used for transportation are properly registered. | 451 | 475 | 94.9% | NA | NA | NA |
| The provider identifies addresses and reports all medication errors. | 78 | 78 | 100% | 0 | 0 | . |
| The provider addresses all incident reports. | 412 | 441 | 93.4% | 12 | 12 | 100% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 60 | 65 | 92.3% | 1 | 1 | 100% |
| All instances of abuse, neglect, and exploitation are reported. | 48 | 51 | 94.1% | 1 | 1 | 100% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 1,180 | 1,197 | 98.6% | 162 | 169 | 95.9% |
| **State Average** | **2,734** | **2,818** | **97.0%** | **176** | **183** | **96.2%** |

[Remainder of page intentionally left blank]

### Staff Qualifications and Training (Q&T)

All direct service providers are required to have certain training and education completed in order to render specific services. For each service provider, at least three staff records are reviewed with every eligible service provided covered.

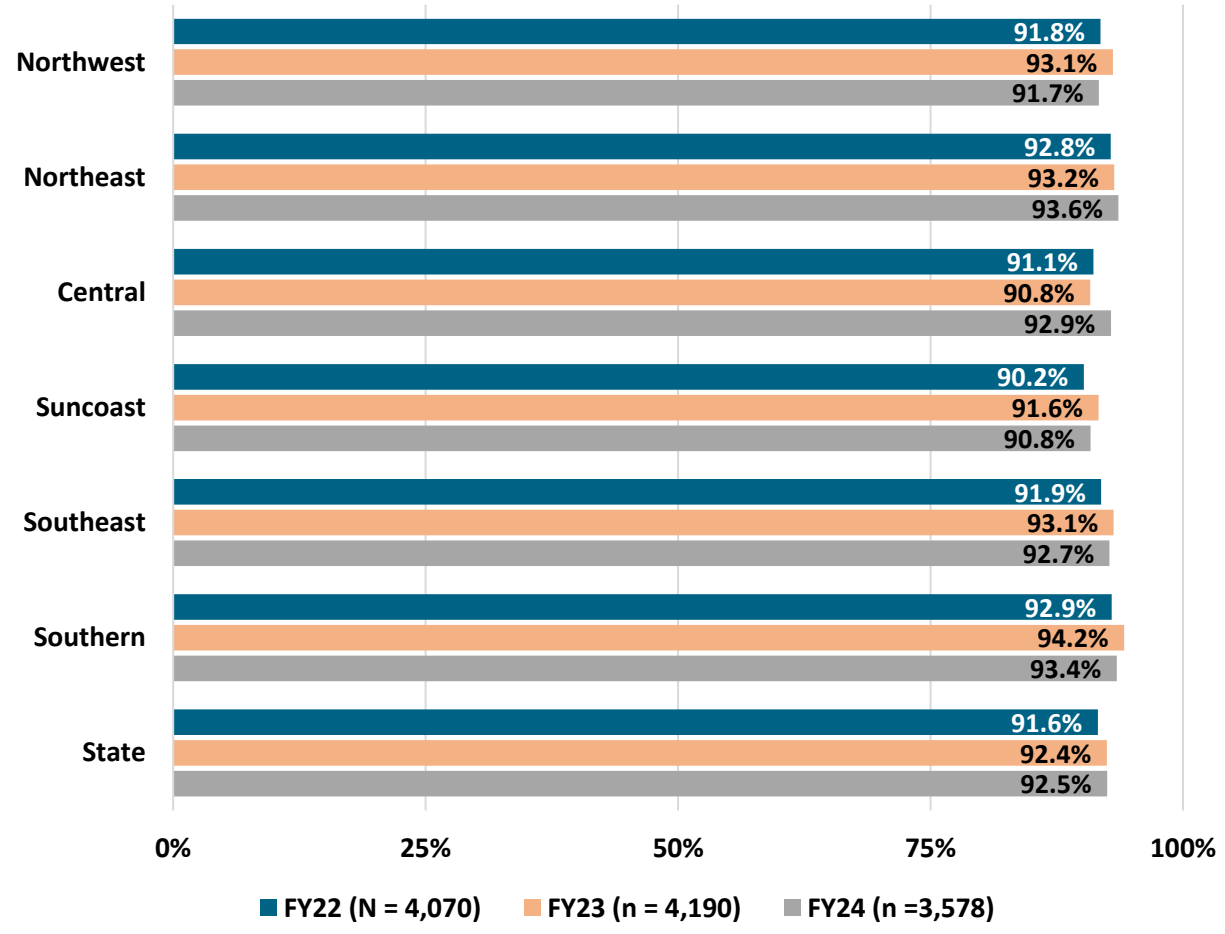
**Table 22. Staff Qualifications and Training Reviews by Region: FY 2024**

| Region | # Providers | # Staff |
|---|---|---|
| Northwest | 92 | 210 |
| Northeast | 229 | 562 |
| Central | 245 | 650 |
| Suncoast | 343 | 919 |
| Southeast | 267 | 719 |
| Southern | 191 | 518 |
| **State** | **1,367** | **3,578** |

### Staff Q&T Scores by Region

Qlarant reviewed 3,578 staff records in FY24. Table 22 shows the distribution of reviews by region and Figure 16 shows the percent of standards met by region and FY. On average, Staff Q&T scores have been fairly consistent by region over the past three FYs with all regions scoring over 90 percent since FY22.

**Figure 16. Service Provider Q&T Scores by Region and FY**



**Staff Q&T Scores by Standard**

A description of each standard scored within the Service Provider's Staff Q&T is shown in Table 23. For each standard, the table shows the number of staff records reviewed, the percent of staff in compliance, the number of providers reviewed, and the percent of providers in compliance. For a provider to be in compliance with the standard, all staff reviewed must meet all requirements of the standard (i.e., 100% met). In other words, if one staff does not meet the standard's requirements, the provider does not comply with that standard. The Staff Qualifications tool is comprised of 53 standards; however, a number of these standards only apply to a small number of providers. Only standards applying to 30 or more providers are discussed in this section.

Among Service Providers reviewed in FY24, 44 standards were scored for 30 or more providers - 33 of which were in compliance (85 percent or higher). The 11 standards that were not in compliance are highlighted in Table 23 and summarized below:

- About 17 percent of providers did not meet all aspects required for Level II Background Screenings.
- Between 20 and 25 percent of providers of LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, and Residential Habilitation (Standard) did not meet compliance requirements for completing required hours of annual in-service training.
- More than 20 percent of providers did not meet compliance requirements for training in HIPAA or for completing/maintaining training in HIV/AIDS/Infection Control.
- More than 15 percent of providers did not meet compliance requirements for First Aid training.
- More than 15 percent of providers did not meet compliance requirements for training in Requirements for all Waiver Providers.

**Table 23. Staff Qualifications and Training Scores by Standard: Service Providers FY 2024 (1,367 Providers; 3,578 Staff)**

| Standard | # Staff Reviewed | % Staff in Compliance | # Providers Reviewed | % Providers in Compliance |
|---|---|---|---|---|
| Drivers of transportation vehicles are licensed to drive vehicles used. | 2,401 | 99.8% | 1,176 | 99.7% |
| Personal vehicles used for transportation are properly insured. | 1,613 | 93.3% | 866 | 90.5% |
| Personal vehicles used for transportation are properly registered. | 1,607 | 91.0% | 864 | 86.7% |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for | 3,577 | 98.0% | 1,366 | 96.9% |

| Table 23. Staff Qualifications and Training Scores by Standard: Service Providers FY 2024 (1,367 Providers; 3,578 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff in Compliance | # Providers Reviewed | % Providers in Compliance |
| Persons with Disabilities Background Screening Clearinghouse. | | | | |
| The provider has completed all aspects of required Level II Background Screening. | 3,576 | 90.4% | 1,366 | 82.6% |
| The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation. | 1,009 | 98.0% | 553 | 96.9% |
| The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation. | 37 | 81.1% | 23 | 78.3% |
| The provider has completed the Prescribed Enteral Formula Administration training. | 84 | 94.0% | 51 | 92.2% |
| The provider maintains current Basic Medication Administration Validation. | 1,342 | 93.4% | 650 | 89.8% |
| The provider maintains current CPR certification. | 3,454 | 94.3% | 1,336 | 89.3% |
| The provider maintains current Prescribed Enteral Formula Administration Validation. | 80 | 92.5% | 47 | 89.4% |
| The provider obtains Temporary Validation when indicated. | 4 | 100.0% | 4 | 100.0% |
| The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication. | 1,349 | 98.1% | 652 | 96.9% |
| The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC). | 417 | 92.6% | 176 | 89.2% |
| The provider received training in Basic Person Centered Planning. | 300 | 94.7% | 223 | 92.8% |
| The provider received training in Direct Care Core Competencies. | 3,250 | 96.7% | 1,316 | 93.5% |
| The provider received training in Direct Care Core Competency. (Old) | 307 | 99.3% | 229 | 99.1% |
| The provider received training in First Aid. | 3,449 | 90.8% | 1,336 | 84.4% |
| The provider received training in HIPAA. | 3,573 | 86.3% | 1,366 | 77.2% |
| The provider received training in HIV/AIDS/Infection Control. | 3,444 | 84.8% | 1,336 | 76.1% |
| The provider received training in Requirements for all Waiver Providers. | 3,542 | 89.6% | 1,364 | 82.5% |

| Table 23. Staff Qualifications and Training Scores by Standard: Service Providers FY 2024 (1,367 Providers; 3,578 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff in Compliance | # Providers Reviewed | % Providers in Compliance |
| The provider received training in Zero Tolerance. | 3,576 | 94.4% | 1,366 | 89.2% |
| The provider received training on Individual Choices, Rights and Responsibilities | 305 | 94.1% | 227 | 92.5% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 115 | 100.0% | 73 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 8 | 100.0% | 8 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 1,267 | 98.8% | 748 | 98.1% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 100 | 100.0% | 85 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 223 | 100.0% | 124 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 4. | 2 | 100.0% | 2 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 1,563 | 98.6% | 771 | 97.8% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior. | 6 | 100.0% | 6 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 271 | 99.6% | 118 | 99.2% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 60 | 100.0% | 34 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 1,249 | 99.5% | 495 | 98.8% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 184 | 98.9% | 142 | 99.3% |

| Table 23. Staff Qualifications and Training Scores by Standard: Service Providers FY 2024 (1,367 Providers; 3,578 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff in Compliance | # Providers Reviewed | % Providers in Compliance |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 296 | 100.0% | 251 | 100.0% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 7 | 100.0% | 7 | 100.0% |
| The provider has completed standardized, pre-service training for Life Skills Development 2. | 100 | 99.0% | 85 | 98.8% |
| The provider completed required Supported Living Pre-Service training. | 296 | 98.0% | 251 | 97.6% |
| The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 8 | 100.0% | 8 | 100.0% |
| The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services. | 1,087 | 81.3% | 695 | 78.4% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 95 | 80.0% | 81 | 77.8% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 178 | 83.7% | 110 | 80.9% |
| The Life Skills Development 4 provider completes eight hours of annual in-service training related to the individually tailored services. | 2 | 100.0% | 2 | 100.0% |
| The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 1,304 | 77.1% | 735 | 73.2% |
| The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. | 5 | 100.0% | 5 | 100.0% |

| Table 23. Staff Qualifications and Training Scores by Standard: Service Providers FY 2024 (1,367 Providers; 3,578 Staff) | | | | |
|---|---|---|---|---|
| Standard | # Staff Reviewed | % Staff in Compliance | # Providers Reviewed | % Providers in Compliance |
| The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 47 | 97.9% | 30 | 96.7% |
| The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 58 | 96.6% | 34 | 94.1% |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 1,103 | 84.5% | 477 | 81.1% |
| The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 231 | 93.9% | 113 | 93.8% |
| The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 268 | 98.5% | 117 | 97.4% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 285 | 91.6% | 242 | 90.5% |
| The Supported Living Coaching provider completes eight hours of annual in-service training. | 276 | 79.0% | 237 | 77.6% |
| **State Averages** | **52,990** | **92.5%** | **23,979** | **88.7%** |

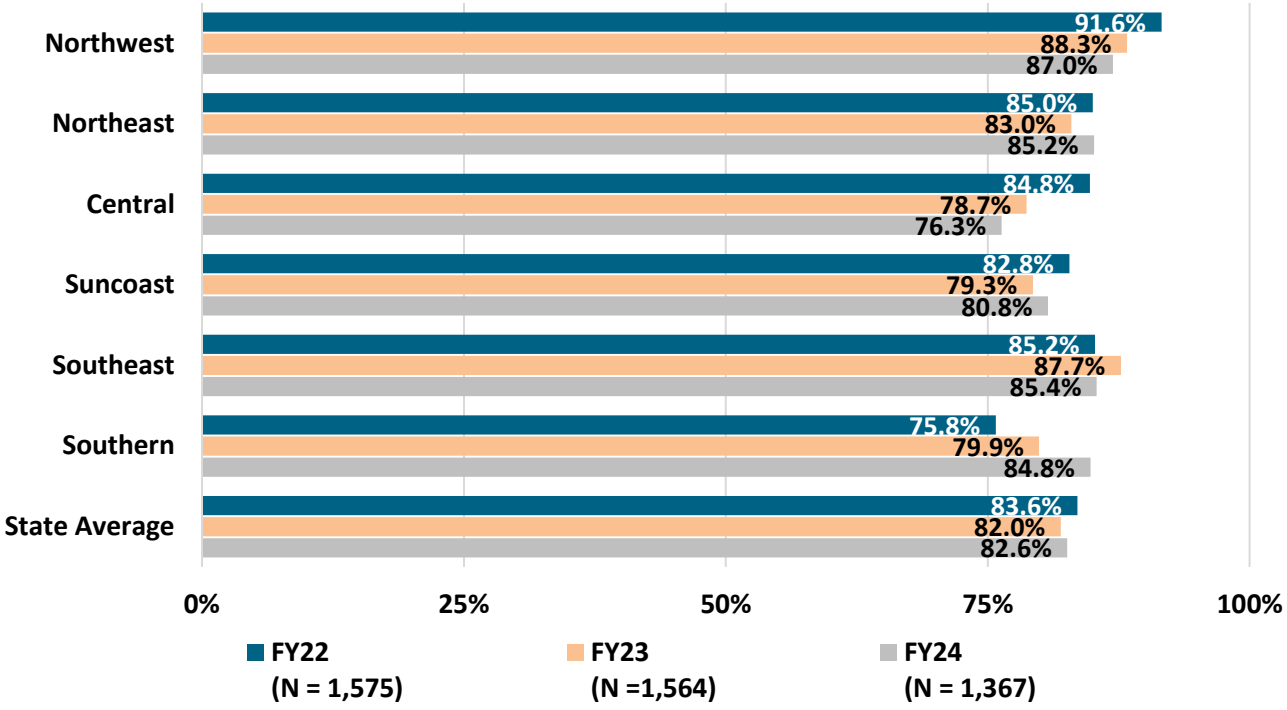
### Background Screenings

When examining background screenings (BGS), a varying number of staff records are reviewed to determine compliance with all components of the requirement. For BGS, if staff records indicate a lack of required documentation, the provider is reported as being out of compliance.

Figure 17 shows the percent of service providers in compliance with all BGS requirements, by region and FY. In FY24, 82.5 percent of service providers were in compliance with all BGS requirements, slightly more than the proportion in FY23. Scores by region in FY24 show some

variation with compliance rates ranging from a low of 76.3 percent in the Central region to a high of 87.0 percent in the Northwest region.

**Figure 17. Percent of Providers with All Background Standards Met by Region and FY**




## Observations

When reviewing providers of Residential Habilitation, Qlarant conducts onsite observations of up to 10 homes. For Day Programs, all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

In FY24, observations were completed at 985 LRHs and 159 Day Programs. Observation scores are shown by region and location in Table 24. Findings from FY24 indicate high rates of compliance for both location types, with little variation across regions.

**Table 24. PDR Observation Scores by Region and Location: FY 2024**

| Region | LRH | | Day Programs | |
|---|---|---|---|---|
| | # OBS | % Met | # OBS | % Met |
| **Northwest** | 24 | 99.5% | 8 | 100.0% |
| **Northeast** | 145 | 99.4% | 24 | 99.7% |
| **Central** | 203 | 98.3% | 24 | 98.8% |
| **Suncoast** | 241 | 98.7% | 62 | 99.2% |
| **Southeast** | 223 | 99.7% | 23 | 99.8% |
| **Southern** | 149 | 99.0% | 18 | 99.6% |
| **State** | **985** | **99.0%** | **159** | **99.5%** |

Figure 18 shows average scores for each Observation domain for LRHs and Day Programs separately. Out of 70 standards, only two standards scored below 95 percent met for LRH and ADTs. These standards and their scores are listed below:

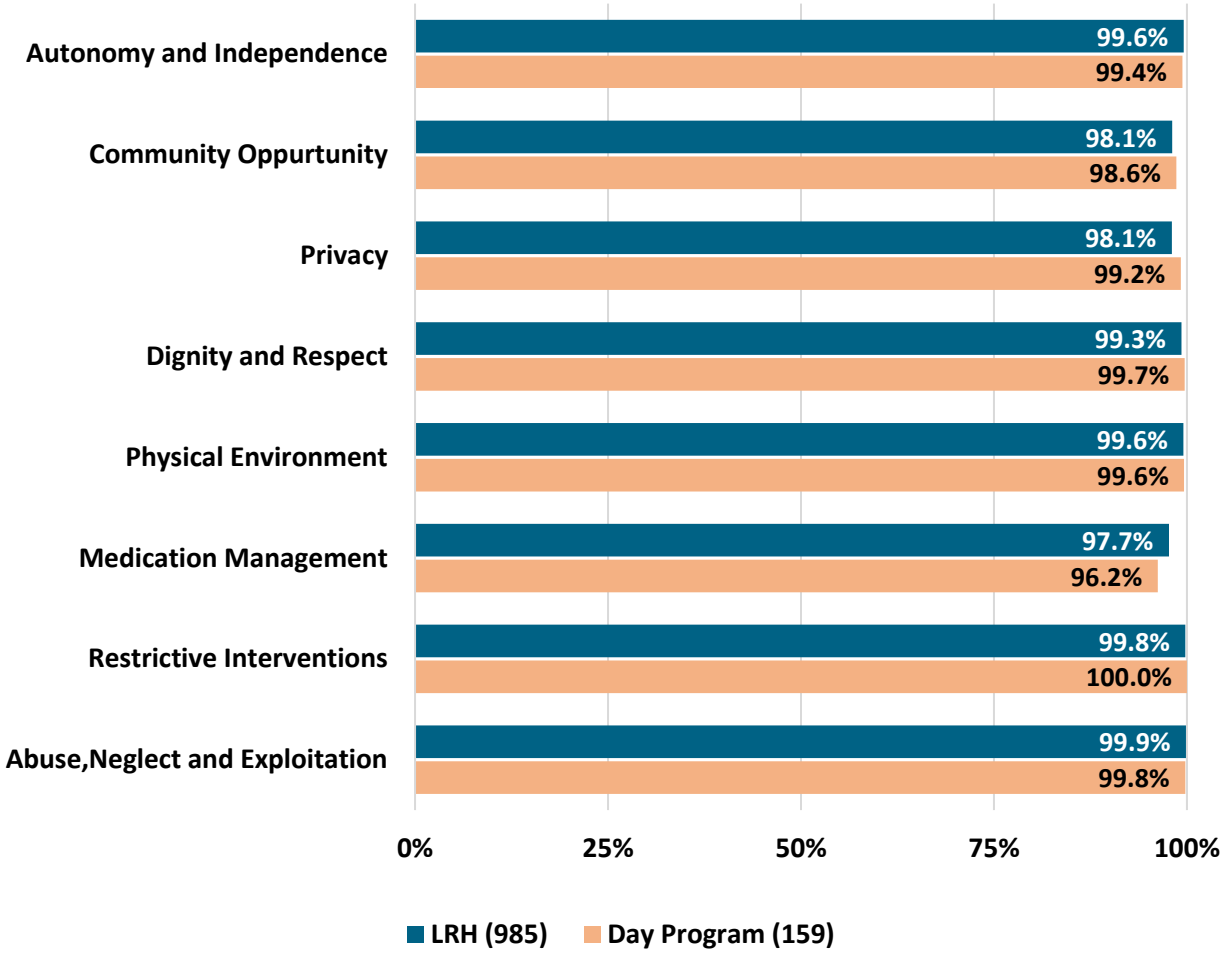
**LRHs:**

- Individuals do not have a key to their bedroom door. (89.1%; n = 874)
- Training in the use of public transportation is not available and/or facilitated. (94.4%; n = 681)

**ADTs:**

- Non-controlled medications are not centrally stored in a locked container in a secured enclosure. (92.2%; n = 64)
- Training in the use of public transportation is not available and/or facilitated. (92.8%; n = 111)

**Figure 18. Observations by Standard and Location**



## PDR My Life Interview (MLI)[15]

The Service Provider PDR includes an interview with individuals receiving services to determine how well services are provided and if Outcomes and Supports are present. The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed to ask questions relevant to the service(s) the individual is receiving from the provider participating in the PDR, and individuals receiving services are asked to focus their responses to experiences with that particular provider. Further, unlike the PCR MLI, the sample for the PDR MLI is not a representative sample of individuals receiving services across the state. Each interview is part of a sample that is only representative of individuals receiving services from the provider participating in The PDR. If no one receiving services from the provider is willing to participate, or there are no individuals available, the PDR will not include this component of the review process. In FY24, 91% of providers had one or more people participate in an MLI.

Findings from the PDR MLI are presented by Outcomes and Supports, and in some cases, by provider size. For this report, Service Providers have been categorized by size, based on the number of people served, as follows:

- Small – 1 to 29 people;
- Medium – 30 to 99 people;
- Large – 100+ people.

In FY24, 1,876 people across 1,239 providers participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 25. On average, about 98 percent of Supports were met for individuals receiving services from providers reviewed. Outcomes were less likely to be met (85.8%) and scores varied by region - ranging from a low score of 81.5 percent in the Southern region to a high score of 92.6 percent in the Northeast region.

**Table 25. PDR MLI Results by Region: FY 2024**

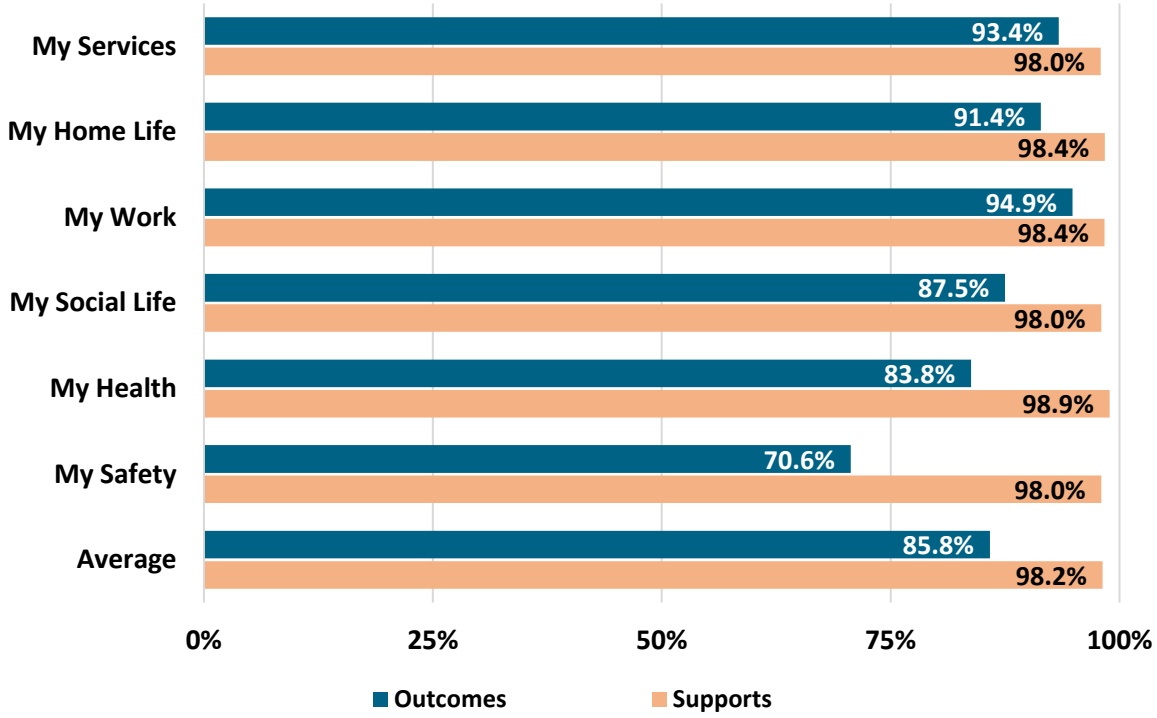
| Region | # Providers | # People | Outcomes | Supports |
|---|---|---|---|---|
| Northwest | 77 | 99 | 89.0% | 96.4% |
| Northeast | 197 | 287 | 92.6% | 98.2% |
| Central | 228 | 338 | 82.6% | 97.3% |
| Suncoast | 306 | 496 | 87.9% | 98.0% |
| Southeast | 256 | 387 | 83.2% | 99.1% |
| Southern | 175 | 269 | 81.5% | 99.0% |
| **State** | **1,239** | **1,876** | **85.8%** | **98.2%** |

[15] MLI results in this section are for Service Providers only.

### PDR MLI Scores by Life Area

The average PDR MLI score for each Life Area is presented in Figure 19, by Outcomes and Supports. FY24 findings indicate individuals receiving services were supported across all Life Areas (each above 98%) and, similar to the PCR MLI, Outcomes related to 'My Safety' (70.6%), 'My Health' (83.8%) and 'My Social Life' (87.5%) were least likely to be met.

**Figure 19. PDR My Life Interview by Life Areas**
**July 2023 - June 2024 (N = 1,876)**




## Service Specific Record Review Results (SSRR)

During the Service Provider PDR, a sample of individuals is selected to conduct record reviews for each service offered by the provider. The number of individual records selected depends upon the size of the organization and the number of services provided, with at least one record per service included. The SSRR tool includes a review of standards specific to each service.

### SSRR Scores by Region

FY24 SSRR scores are presented by region for all Service Providers in Table 26. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted score and the percent of standards scored met (percent met) are presented. Service provider scores from FY24 ranged from an average weighted score of 88.8 percent in the Suncoast region to a high of 94.0 percent in the Southern region.

| Table 26. Service Specific Record Review Results by Region: FY 2024 | | | | |
|---|---|---|---|---|
| Region | # Records Reviewed | # Standards Scored | Weighted Score | Percent Met |
| Northwest | 260 | 4,235 | 90.9% | 89.7% |
| Northeast | 707 | 11,135 | 93.3% | 92.9% |
| Central | 816 | 12,995 | 90.8% | 90.2% |
| Suncoast | 1,187 | 19,898 | 88.8% | 87.6% |
| Southeast | 855 | 13,272 | 93.0% | 92.7% |
| Southern | 630 | 9,884 | 94.0% | 93.5% |
| **Average** | **4,455** | **71,419** | **91.5%** | **90.8%** |

### SSRR Scores by Service

The number of records and standards reviewed by service, as well as their average weighted percent met, are listed for FY24 in Table 27. Supported Living Coaching (79.4%) was the only service to score below 90 percent, on average, in FY24. [16]

| Table 27. Number of Record Reviews by Service: FY 2024 | | | |
|---|---|---|---|
| Service | # Records | # Standards Scored | Weighted % Met |
| Behavior Analysis | 161 | 2,276 | 96.9% |
| Behavior Assistant | 9 | 143 | 92.0% |
| Life Skills Development 1 (Companion) | 1,001 | 13,004 | 92.2% |
| Life Skills Development 2 (SEC) | 116 | 1,551 | 90.6% |
| Life Skills Development 3 (ADT) | 336 | 5,499 | 94.5% |
| Life Skills Development 4 (Prevocational) | 4 | 61 | . |
| Personal Supports | 1,245 | 16,913 | 90.1% |
| Residential Habilitation Behavior Focus | 180 | 4,256 | 96.1% |
| Residential Habilitation EIB | 3 | 75 | . |
| Residential Habilitation Intensive Behavioral | 44 | 1,053 | 95.8% |
| Residential Habilitation Standard | 869 | 17,021 | 95.2% |
| Respite | 181 | 1,557 | 90.2% |
| Supported Living Coaching | 306 | 8,010 | 79.4% |
| **Total** | **4,455** | **71,419** | **91.5%** |

[16] Scores are not presented for services scored on fewer than five records.

Figure 20 shows average weighted scores by service for FY22, FY23 and FY24. Since FY22, scores for Supported Living Coaching services have declined by 11.9 percentage points.

**Figure 20. Weighted SSRR Scores by Service and FY**

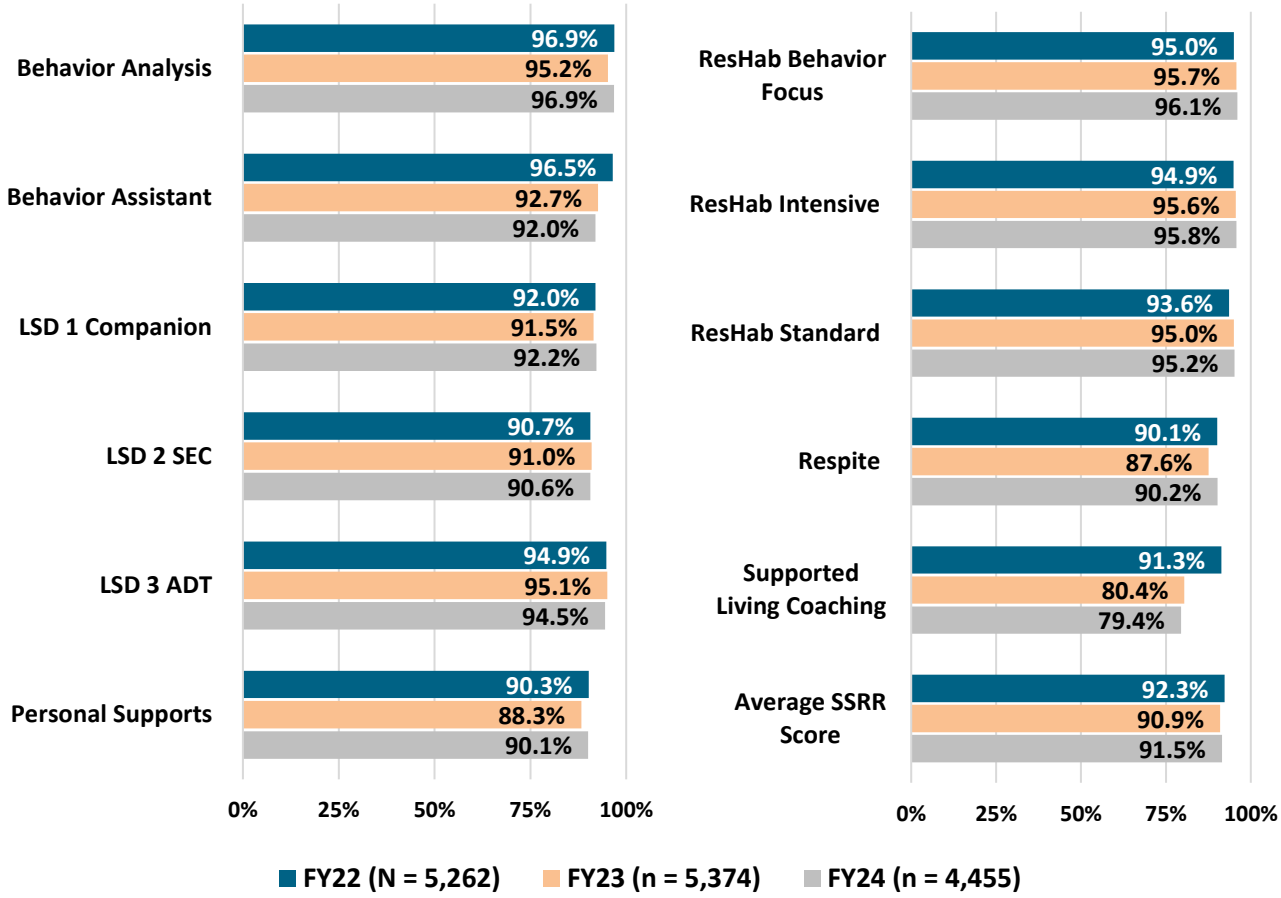



Table 28 lists standard(s) showing the greatest declines for Supported Living Coaching (SLC) since FY22. Average scores for five separate billing-related standards have declined by over 30 percentage points for SLC providers. Among SLC providers, the billing standard related to Service Logs covering services provided and billed during the review periods also declined by nearly 30 points from 86 percent in FY21 to 57.7 percent in FY23. The second largest decline for SLC providers was related to providers documenting efforts to ensure the persons health needs are addressed (8.9 point decline).

| Table 28. Greatest Supported Living Coaching Declines by Standard Since FY22 | | | | | |
|---|---|---|---|---|---|
| Standard | FY 2022 | | FY 2024 | | Difference |
| | # Scored | % Met | # Scored | % Met | |
| **Supported Living Coaching** | | | | | |
| Financial Profile(s) covering services provided and billed during the period under review is in the record. | 423 | 93.6% | 303 | 52.5% | -41.1% |
| The Annual Report covering services provided and billed during the period under review is in the record. | 393 | 89.8% | 277 | 52.3% | -37.5% |
| A copy of the Implementation Plan is provided to the person and when applicable, the legal representative, within the required 30-day time frame. | 420 | 87.1% | 301 | 54.8% | -32.3% |
| The Annual Report covering services provided and billed during the period under review contains all required components. | 393 | 76.3% | 276 | 44.6% | -31.8% |
| A Quarterly Summary covering services provided and billed during the period under review is in the record. | 420 | 71.7% | 302 | 44.4% | -27.3% |

### Potential Billing Discrepancies

For each service, several applicable standards related to billing requirements are scored by QARs. If any standard does not meet requirements, it is noted in the PDR Report as a potential billing discrepancy (PBD). Table 29 shows the number of records reviewed, by service, and the percent of records with one or more PBDs in FY23 and FY24. Results indicate about 28 percent of all records reviewed in FY24 had one or more billing standards scored Not Met. Personal Supports and Supported Living Coaching were more likely than other services (score on 10 or more records) to have PBDs; however, since FY23, the percent with one or more PBDs declined by 6 and 4.6 points, respectively.

| Table 29. Percent of Providers with 1+ PBD by Service<br>FY 2023 vs FY 2024 | | | | |
|---|---|---|---|---|
| Service | FY 2023 | | FY 2024 | |
| | # Records Reviewed | % with 1+ PBD | # Records Reviewed | % with 1+ PBD |
| Behavior Analysis | 184 | 11.4% | 161 | 9.3% |
| Behavior Assistant | 16 | 18.8% | 9 | 33.3% |
| Life Skills Development 1 (Companion) | 1,098 | 26.8% | 1,001 | 28.4% |
| Life Skills Development 2 (SEC) | 146 | 24.0% | 116 | 21.6% |
| Life Skills Development 3 (ADT) | 403 | 7.7% | 336 | 14.0% |
| Life Skills Development 4 (Prevocational) | NA | NA | 4 | 75.0% |
| Personal Supports | 1,480 | 50.8% | 1,245 | 44.8% |
| Residential Habilitation Behavior Focus | 233 | 7.3% | 180 | 4.4% |
| Residential Habilitation EIB | 0 | . | 3 | 0.0% |
| Residential Habilitation Intensive Behavioral | 59 | 8.5% | 44 | 6.8% |
| Residential Habilitation Standard | 1,109 | 5.1% | 869 | 6.2% |
| Respite | 247 | 44.1% | 181 | 41.4% |
| Supported Living Coaching | 396 | 66.7% | 306 | 62.1% |
| **Total** | **5,371** | **29.5%** | **4,455** | **28.4%** |

## Service Provider Alerts

If a situation is noted that could cause harm to an individual receiving services during the PDR, the QAR immediately informs the local APD Regional office. The QAR calls the abuse hotline if appropriate, records an alert, and notifies the Regional Manager. The Regional Manager submits an Alert Reporting form, which is emailed to the local APD Region, APD State office, and AHCA. Alerts can be related to health, safety, abuse, neglect, exploitation, rights, medications (storage and administration training and validation), driver's license and vehicle insurance. In addition, when a provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

Between July 2023 and June 2024, 382 alerts were reported across the 1,368 Service Providers. The number of alerts and percent of PDRs with each type of alert are listed by type in Table 30 for FY23 and FY24. Since FY23, the percent of PDRs with a BGS alert increased by 2.7 points while the

percent of PDRs with a Medication Admin/Training or Medication Storage alert declined by 2.8 points (6.7% vs. 9.5%).

| Table 30. Service Providers Alerts: FY 2023 vs. FY 2024 | | | | |
|---|---|---|---|---|
| Alert Type | FY 2023 (N = 1,564) | | FY 2024 (N = 1,368) | |
| | # of Alerts | % of PDRs | # of Alerts | % of PDRs |
| ANE | 6 | 0.4% | 1 | 0.1% |
| Background Screening | 172 | 11.0% | 187 | 13.7% |
| Clearing House Roster | 76 | 4.9% | 67 | 4.9% |
| Driver's License/Insurance | 20 | 1.3% | 13 | 1.0% |
| Health & Safety | 8 | 0.5% | 9 | 0.7% |
| Medication Admin/Training | 80 | 5.1% | 49 | 3.6% |
| Medication Storage | 69 | 4.4% | 43 | 3.1% |
| Rights | 23 | 1.5% | 13 | 1.0% |
| **Totals** | **454** | | **382** | |

`The most common reasons for BGS alerts for service providers reviewed in FY24 are as follows:

44% (83/187)
had not obtained a Current Local Law/Criminal Records Check within the county of residence at the time of screening.

58% (109/187)
did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse.

89% (167/187)
did not present a current Local Law/Criminal Records Check.

## Service Provider Scores

### Scores by Region and Review Tool

PDR Scores are determined by dividing the total number of indicators scored 'Met' across all components of the PDR (except the MLI) by the total number of indicators scored. A summary of Service Provider PDR scores is presented by region in Table 31. On average, Service Providers scored highest on the observations and lowest on Record Reviews.

**Table 31. PDR Component Scores for Service Providers by APD Region: FY 2024**

| Region | # of PDRs | PDR Score[17] | GAR | | Staff Q&T (3,578) | Observations | | Service Record Review (4,455) |
|---|---|---|---|---|---|---|---|---|
| | | | Agency (1,199) | Solos (169) | | LRH (985) | Day Program (159) | |
| Northwest | 92 | 92.5% | 99.2% | 100.0% | 92.4% | 99.5% | 100.0% | 90.9% |
| Northeast | 229 | 94.9% | 98.1% | 98.0% | 93.5% | 99.4% | 99.7% | 93.3% |
| Central | 246 | 93.1% | 97.1% | 97.2% | 92.0% | 98.3% | 98.8% | 90.8% |
| Suncoast | 343 | 91.9% | 94.9% | 89.2% | 91.5% | 98.7% | 99.2% | 88.8% |
| Southeast | 267 | 94.9% | 98.3% | 95.2% | 92.7% | 99.7% | 99.8% | 93.0% |
| Southern | 191 | 95.4% | 97.6% | 100.0% | 93.6% | 99.0% | 99.6% | 94.0% |
| **State** | **1,368** | **93.7%** | **97.0%** | **96.2%** | **92.5%** | **99.0%** | **99.4%** | **91.5%** |

### Scores by Provider Size

Information in Table 32 provides a summary of Service Provider PDR scores by provider size. The table presents the average overall PDR scores, as well as scores for each component of the overall score. For Service Providers, these include scores for Compliance and Person-Centered Practices. The table also presents, by provider size, the number of alerts cited, number of billing standards not met, and rates for alerts and billing discrepancies.

The average PDR score for Service Providers reviewed in FY24 was 93.7 percent with small providers scoring lower, on average, than medium and large providers (92.9% vs. 96.7%). Large providers, however, had a higher rate of alerts and PBDs than their small and medium counterparts.

[17] Does not include point deductions from alerts.

| Table 32. Summary of PDR Scores for Service Provider: FY 2024 | | | | | | | |
|---|---|---|---|---|---|---|---|
| Size | PDR Score | | | Alerts | | Billing Discrepancy Standards Missed | |
| | Overall Score | Compliance | Person Centered Practices | # | Rate per 10 Reviews | # | Rate Per 10 Reviews |
| Small (n = 1,243) | 92.9% | 93.2% | 92.0% | 288 | 2.32 | 1,345 | 108 |
| Medium (n = 99) | 96.7% | 96.8% | 96.5% | 14 | 1.41 | 87 | 88 |
| Large (n = 26) | 96.7% | 96.9% | 95.9% | 9 | 3.46 | 32 | 123 |
| **State (N = 1,368)** | **93.7%** | **94.0%** | **92.6%** | **311** | **2.27** | **1,464** | **107** |

## Section III: Discussion and Recommendations

Findings in this report reflect data from PCRs and PDRs completed and approved between July 2023 and June 2024 (FY24), with some comparisons to data collected in FY22 and FY23. Qlarant completed and approved 1,659 PCRs, as well as 184 QO PDRs and 1,368 Service Provider PDRs.

Provider feedback remains positive with an average score on the feedback survey of 91.8 percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers work with APD and AHCA to revise and update processes to ensure the best quality assurance reviews possible.

The Qlarant Director and managers meet twice a month via conference call. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions.

### Choice and Rights

Results from the MLI show that, on average, Outcomes within the 'My Service' life area have declined from 92.5 percent in FY22 to 87.9 percent among Waiver participants in FY24. Standard level results reveal scores in FY24 were lowest for Outcomes related to choosing and managing their own services has declined by five points since FY22 from 91.5 to 86.4 percent. Further, Outcomes related to knowing and exercising rights has also declined  86.5 to 81.1 percent.  These results suggest individuals may be lacking in their degree of personal choice or understanding of rights - especially regarding the selection of and management of their own services.

**Recommendation 1:** The Quality Council may want to develop a work group which includes self-advocates focusing on how Support Coordinators and family members can further support

individuals to understand what their rights are and how they may go about making their own decisions regarding the selection of service providers.

## Safety

Results from the MLI are similar to previous years, indicating the Life Area 'My Safety' is the lowest scoring Outcome for people receiving services. While most Service Providers and WSCs offered supports to address safety and had systems in place to identify, address and report instances of abuse, neglect, and exploitation (ANE), people did not always understand what ANE means, what to do if experiencing ANE, or if their safety needs were being addressed. Over 75 percent of people who did not know what ANE means were unaware of what Exploitation was and among those who did know what to do when ANE occurs, 71 percent did not know what the Abuse Hotline was and over 60 percent did not know where to find the Abuse Hotline number. Lastly, among those whose safety needs were not being addressed, 72 percent indicated they did not know how or when to call 911.

**Recommendation 2:** Qlarant encourages Quality Council members to brainstorm ways to help ensure information about the abuse hotline, including how it is used and where it can be found, is provided to all people receiving services in ways that will reach people regardless of learning style or means of communication. In addition, there may be some information that could be developed and disseminated to families to help reach people receiving services who live in a family home.

**Recommendation 3:** Ensure education about ANE, specifically for more abstract concepts like exploitation, is on the agenda for APD Regional provider meetings. Share best practices on how to ensure material is individualized so the person understands; i.e., proper communication and individualized methods are used for the educational sessions.

**Recommendation 4**: It is critical to ensure people know how to get help when it is needed. It is not clear why people do not understand how or when to call 911. Perhaps WSC and CDC+ Consultant training should be reviewed and ensure it includes various ways to help people learn a vital action that could save their lives. WSCs and Consultants should also ensure other supports around the person are aware of the person's inability to understand how to call 911 and develop individualized education to assist in learning this critical need.

## Community Participation

Results from the MLI show that, on average, Outcomes within the 'My Social' life area have declined from 86.9 percent in FY22 to 84.1 percent among Waiver participants interviewed in FY24. Standard level results reveal scores in FY24 were lowest for Outcomes related to being active and contributing members of their communities (82.2%), being part of and participating in their communities (73.4%), and having meaningful friendships and relationships (83.1%).

**Recommendation 5:** Declines in Outcomes related to Community Participation among Waiver participants is concerning and may be indicative of a lack of financial resources. Feedback from the Quality Council suggests inflation has made it increasingly difficult for individuals to go out into their communities due to rises in the cost of gas, food in restaurants, and activities in their communities (e.g., bowling, movies, etc.). The Quality Council may want to work within their regions to develop a list of free or low cost activities in the community that individuals can engage in on a regular basis such as annual festivals or events at public libraries.

## Support Coordination Turnover

Since transitioning to QOs in July 2021, the number of individuals reporting a change in their QO has declined; however, the percent of people reporting a change in their treating WSC continues to increase. These increases were expected in FY22 as people transitioned into QOs; however, data from FY24 continue to show relatively high rates of change in individuals treating WSC. In FY24, nearly 15 percent of people on the waiver and over 12 percent of people on CDC+ reported one or more changes in their treating WSC.

**Recommendation 6**: WSCs play a crucial role in the service delivery system and an individual's health and safety, ability to develop and maintain goals, and find opportunities to access their communities. These outcomes are more likely to be 'Met' if a WSC has time to get to know the person, their needs, and personal desires or goals. AHCA and APD may want to work together to conduct a root-cause analyses across regions and QO's to determine why individuals continue to change their WSC even after they have become established within their chosen QO.

## Understanding Medications

Over the past several years, results from the PCR My Life Interview have suggested individuals often do not understand their own medications. Since FY20, the proportion of PCR participants who did not meet this Outcome has fluctuated between 40 and 49 percent. Reasons why this Outcome is not met are primarily due to people not being aware of what medications they take, their medications' potential side effects, or why their medications were prescribed. While Supports for this standard are consistently above 95 percent, people have a right to know what medications they are taking, why they are taking them, and be educated on what the potential side effects are.

**Recommendation 7:** Understanding the medications you take and why you are taking them is a right all people should be afforded. Further, being aware of your medications' potential side effects is important to one's physical health and overall well-being. Trainings for WSCs/CDC+ Consultants and service providers should be reviewed to ensure they include effective ways of helping people with various learning and communication styles understand their medications. These trainings should include ways to convey information about the medication(s) people are taking, why they are

taking it, and any potential side effects that may impact the person's physical or mental health. This information should be communicated to the person in a way they can understand and perhaps written down for them to reference at a later date.

## Infectious Disease Training

Approximately 23 percent of QOs and over 24 percent of Service Providers reviewed in FY24 did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control. Maintaining basic HIV/AIDS/Infection control training is essential when caring for people in a vulnerable population.

**Recommendation 8:** APD may consider including this as an agenda item in all the regional quarterly meetings to ensure providers are taking the correct courses. APD could also assist providers by providing them with pamphlets or advisories detailing where, which, and why trainings should be taken.

## Annual In-Service Training

In FY24, over 17 percent of QOs and between 20 and 25 percent of providers of LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, and Residential Habilitation (Standard) did not meet compliance requirements for completing required hours of annual in-service training.

**Recommendation 9:** Often times, providers and WSCs are completing some, but not all of their annual in-service trainings. Further, providers and WSCs have shared at the Quality Council meeting that they have experiences challenges finding trainings which qualify as an in-service training. The Quality Council might consider developing a list of trainings which qualify as in-service training for various providers around the state. This list can be shared with regional APD offices and made readily available to providers.

## Supported Living Coaching

In FY24, SLC was the only service to score below 90 percent, on average, on record reviews. Since FY22, average record review scores for SLC have declined from 91.3 to 79.4 percent. Since FY22, five record review standards have declined by more than 25 points. These standards were all related to billing and had to do with Financial Profile(s), Annual Reports, Implementation Plans, and Quarterly Summaries covering services provided and billed during the period under review is in the record. All of these standards are scored within the iConnect system, and their decline may be due, in part, to providers' transitioning to this electronic system.

**Recommendation 10**: APD and AHCA might consider developing additional trainings and workshops targeting SLC providers to further assist them in their transition to the iConnect.

## Conclusion

Findings from PCRs completed in FY24 were generally positive. Similar to previous years, Outcomes for individuals are lower than Supports, and Outcomes related to 'My Safety' and 'My Social Life' remain the lowest scoring areas for individuals who participated in a PCR. Average scores for WSC and CDC+ record reviews have increased slightly since FY22 from 88 percent to about 91 percent.

Compliance rates for Service Providers and QOs who participated in a PDR remain positive as well; however, scores by service indicate providers offering Supported Living Coaching score lower than other services on the record review component of the PDR. Supported Living Coaching was also more likely to have a PBD identified. Further, QOs scored fairly well on the Administrative Review components of their PDRs and their Record Review scores have increased since FY22.

[Remainder of page intentionally left blank]

## Attachment 1: Customer Service Activity: July 2023 - June 2024

| Customer Service Topic | # | Description | Outcome | Avg. Time |
|---|---|---|---|---|
| Contact QAR | 4 | Providers called requesting to speak with the QAR they are currently working with or that already completed their review. | QARs were contacted by office staff and asked to contact the provider. | 1 day |
| Miscellaneous/ Other | 72 | Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager. | Questions within Qlarant's scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA. | 1 day |
| Name/Address/ Phone Update | 101 | Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter or report is received in the future. | Phone numbers/addresses were updated in the Qlarant internal data management application. Providers were also advised to update contact information with AHCA. | 1 day |
| Next Review | 185 | Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation. | The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time every year. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region. | 1 day |
| Provider Search Website | 2 | Providers called to inquire how to get added to Qlarant's provider search website. | The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once | 1 day |

| Customer Service Topic | # | Description | Outcome | Avg. Time |
|---|---|---|---|---|
| | | | waiver claims are submitted and paid the provider will be added to the website. | |
| Potential Billing Discrepancy | 42 | Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment. | Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com | 1 day |
| Question | 117 | Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process. | Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website. | 1 day |
| Reconsideration | 97 | Providers called asking for clarification on the process to submit a request for reconsideration, where to locate the submission form on the Qlarant website or inquiring as to the status of a request already submitted. | The reconsideration process was explained to the provider, including reference to Qlarant's Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update. | 1 day |
| Report Requested | 24 | Providers called or emailed requesting another copy of their report be sent. | Mailing addresses were confirmed, and reports were re-sent. | 1 day |

| Customer Service Topic | # | Description | Outcome | Avg. Time |
|---|---|---|---|---|
| Review | 82 | Providers called asking for an explanation of report findings. | Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance. | 1 day |
| Total Calls | 725 | Note: 5 calls were conducted in Spanish | | |